ANZACS-QI National Indicators and Targets

Andrew Kerr on behalf of the ANZACS-QI Governance Group

(Updated 01/02/19 to define DHB reporting of Indicator 2a & 2b to MOH)

Updated 01/07/19 to include modified Indicator 4 (Composite Medication Indicator) and addition of Indicator 9a and 9b (Device Registry Completion)

Updated 11/22 with addition of Indicators 10 and 11 (PPM and ICD wait-times)

Updated 05/24 with Indicators 5 to 8 (Vascular access and STEMI)

<u>Indicator 1:</u> Door to cath - Door to cath within 3 days for ≥70% of ACS patients undergoing coronary angiogram.

Notes: indicator since 2013.

<u>Indicator 2:</u> Registry completion - ≥95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS-QI ACS and Cath/PCI registry data collection within 30 days of discharge (Indicator 2a) *and ≥99% within 3 months* (Indicator 2b).

Notes: indicator since 2013. The requirement for ≥99% completion within 3 months added in 2018. See Appendix below for data source and time period for MOH DHB quarterly reporting.

<u>Indicator 3:</u> ACS LVEF assessment - ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (i.e. have had an echocardiogram or LVgram).

Notes: indicator added in mid-2018.

A patient is counted if "EF assessed" = yes in ACS form

<u>Indicator 4:</u> Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance ≥85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge -

- Aspirin*, a 2nd anti-platelet agent* and a statin (3 classes), and
- ACEI/ARB/ARNI if any of the following – LVEF <50%, DM, HT, in-hospital HF (Killip Class II to IV) (4 classes), and
- Beta-blocker if LVEF <40% (5-classes).

Medication prescribed at discharge	No high-risk feature	At least one risk feature: EF <50% or Hypertension or Diabetes or In-hospital HF	EF <40%
Aspirin*	✓	✓	✓
2nd anti-platelet agent*	✓	✓	✓
Statin	✓	✓	✓
ACEI/ARB/ARNI		✓	✓
Beta-blocker			✓

* An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents.

Exclusions from the Indicator 4 denominator:

1. Patients referred for in-patient CABG are excluded because prescribing data is recorded prior to surgery when the 2nd antiplatelet agent has been stopped.
2. No LVEF recorded.

Notes: indicator added in mid-2018 and modified on July 1, 2019.

Patients meet the indicator if they recorded in the ANZACS-QI ACS form as either on the particular medication or recorded as having a known contraindication/intolerance to it.

This is a "minimum" indicator. It may still be clinically appropriate to use a beta-blocker in the absence of LV dysfunction, but this is not required to meet the indicator.

Indicator 5: Vascular Access - ≥85% of patients who undergo a coronary angiogram should be studied via the radial artery.

Notes: this target was initially 90% but the NZ Cardiac Network revised it to 85% in 2019 after feedback from the interventional community.

Indicator 6: STEMI Symptom Onset to FMC – Symptom onset to first medical contact ≤60 min for STEMI patients. No target is set.

Indicator 7: STEMI FMC (ambulance call) to Device – First medical contact (call to ambulance service) to Device (Primary PCI intervention) ≤140 minutes. No target set.

Indicator 8: STEMI FMC (ambulance call) to Needle - First medical contact (call to ambulance service) to Needle (Fibrinolysis) ≤60 minutes. No target set.

Notes: Indicators 6 to 8 endorsed by the ANZACS-QI Governance Group and reported since 2019.

<u>Indicator 9:</u> Device registry completion - ≥99% of patients who have pacemaker (PPM) or implantable cardiac defibrillator (ICD) implantation/replacement have completion of ANZACS-QI Device PPM (Indicator 9A) and ICD (Indicator 9B) forms within 2 months of the procedure.

Notes – Reporting

A) Monthly Device registry completion reports by the registry software provider (Enigma) will be sent to DHBs on the 1st of every month. The 2-month time frame recognises that completion of complication reporting occurs between 6 and 8 weeks after the procedure. For example, for devices implanted in January the Device forms will be required to be completed by the end of March.
B) Quarterly reports are sent to DHBs by Enigma on 1 Jan, 1 April, 1 July and 1 Oct to use for quarterly reporting of the indicator to the MOH. Quarterly reporting is with a 2-month lag as above- e.g. the Jan 1 report will be for registry completion in the prior Aug, Sept, Oct.
C) ICD and PPM form completion are reported separately.

<u>Indicator 10:</u> ≥70% of in-patients referred for a new PPM should be implanted within 3 days of admission to hospital.

Note: PPM indicator patients with clearly justifiable delays will be excluded from the denominator. These include post cardiac surgery, post percutaneous valve implantation and post catheter ablation.

<u>Indicator 11:</u> ≥70% of in-patients referred for a new ICD should be implanted within 3 days of acceptance onto the waitlist.

Indicators 10 and 11 were added and endorsed by the National Cardiac Network in November 2022, Reported 6 monthly.

<u>Indicator 12:</u> HF registry completion - ≥95% of patients who have been identified in the sample of heart failure hospitalisations, have completion of the ANZACS-QI Heart Failure registry form within 9 months of hospital discharge.

Notes:

- *The ANZACS-QI Heart Failure registry form captures outpatient data variables for the six months post discharge for those with a new diagnosis of HFrEF. It is intended that both inpatient and outpatient activities captured by the registry form be completed retrospectively, in one sitting.*

- *Data extracts and sampling is performed by Health Intelligence on a quarterly basis (allowing for time coding of hospital discharge summaries) and then provided to local users for entry into the registry.*

- *The 9-month timeframe acknowledges for the 6 months of outpatient data and a further 3 months to allow quarterly data-extract and sampling and local users to complete registry entry. For example, for patients hospitalised in Q4 2024, they will be included in the third quarterly sample in 2025 (July 2025) with registry completion expected by end of September 2025.*

<u>Indicator 13:</u> HF LVEF assessment - ≥85% of patients hospitalised with acute decompensated heart failure have LVEF assessment within two years of index hospitalisation.

- *Exclusions: if they received end-of-life cares during index hospitalisation.*

<u>Indicator 14:</u> Composite HFrEF Medication Indicator - Proportion of patients with heart failure with reduced ejection fraction (HFrEF) who were prescribed (or have documented contraindication/intolerance to) all four pillars of guideline directed medical therapy on discharge (i) ACEi/ARB/ARNI, (ii) beta-blocker, (iii) mineralocorticoid antagonist, (iv) SGLT2 inhibitor.

- *Exclusions: if they received end-of-life cares during index hospitalisation.*

Notes: a target has not yet been agreed upon as it is acknowledged that SGLT2 inhibitor therapy has only been subsided for HFrEF since Dec 2024.

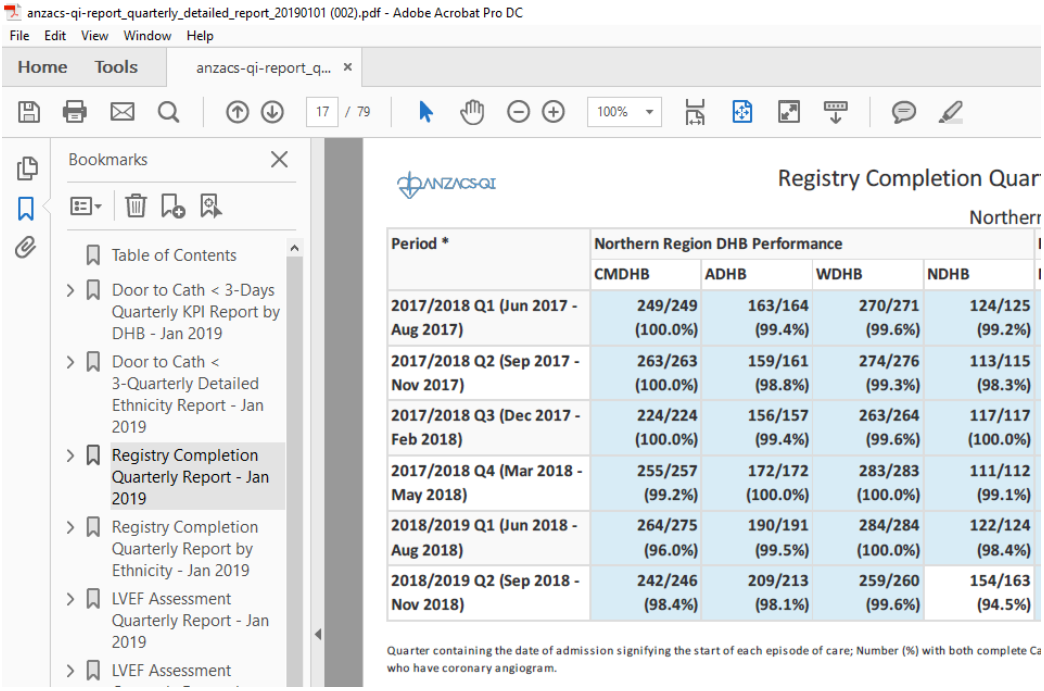
All indicators are reported from the ANZACS-QI registry. All indicator data are subject to regular audit.

Appendix

<u>Indicator 2:</u> Registry completion: DHB quarterly reporting to MOH (update Jan 2019).

<u>Indicator 2a:</u> The >95% data is taken from the most recent quarter in the ANZACS-QI quarterly report (see screenshot below for Jan 2019 quarterly report), e.g. for CMDHB 98.4% in Q2.

<u>Indicator 2b:</u> The ≥99% data is taken from the previous quarter e.g. for CMDHB 96.0% in Q1.



Period *	Northern Region DHB Performance			
	CMDHB	ADHB	WDHB	NDHB
2017/2018 Q1 (Jun 2017 - Aug 2017)	249/249 (100.0%)	163/164 (99.4%)	270/271 (99.6%)	124/125 (99.2%)
2017/2018 Q2 (Sep 2017 - Nov 2017)	263/263 (100.0%)	159/161 (98.8%)	274/276 (99.3%)	113/115 (98.3%)
2017/2018 Q3 (Dec 2017 - Feb 2018)	224/224 (100.0%)	156/157 (99.4%)	263/264 (99.6%)	117/117 (100.0%)
2017/2018 Q4 (Mar 2018 - May 2018)	255/257 (99.2%)	172/172 (100.0%)	283/283 (100.0%)	111/112 (99.1%)
2018/2019 Q1 (Jun 2018 - Aug 2018)	264/275 (96.0%)	190/191 (99.5%)	284/284 (100.0%)	122/124 (98.4%)
2018/2019 Q2 (Sep 2018 - Nov 2018)	242/246 (98.4%)	209/213 (98.1%)	259/260 (99.6%)	154/163 (94.5%)

The same time periods are used for ethnic specific reporting of Indicator 2.