STARTING A GENERAL CARDIOVASCULAR FELLOWSHIP AT A COMMUNITY HOSPITAL INTERESTINGLY IMPROVED CATH LAB QUALITY METRICS ACROSS THE BOARD



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Background

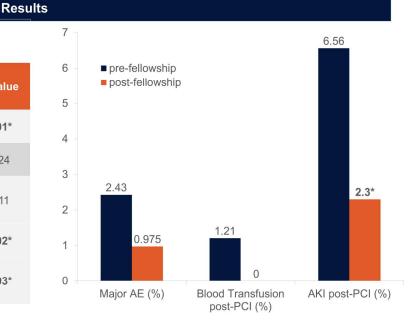
- Starting a new cardiovascular fellowship at a community program is a large undertaking
- One of the biggest concerns is the quality of patient care
- In this study we seek to assess the changes in quality of care pre and postfellowship initiation
- One such way to assess this is via cath lab quality metrics such as door to balloon (D2B) time, post-op complications, and length of stay (LOS)

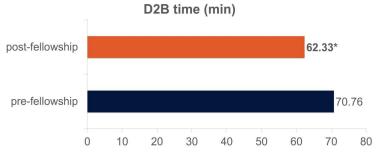
Methods

- Retrospective study comparing cath lab quality measures in patients receiving cardiac cath with or without percutaneous coronary intervention (PCI) at HCA Florida Trinity Hospital pre fellowship (1/1/22 -6/30/22, 248 patients) versus post fellowship initiation (7/1/22- 12/31/22, 207 patients)
- Quality measures were obtained from NCDR and included D2B (STEMI), LOS, post-op acute kidney injury (AKI), post-op blood transfusion, and major adverse events (AE)
- Major AE included perioperative death, myocardial infarction, stroke, and repeat revascularization
- Hypothesis testing was used for comparing major adverse events, blood transfusion post-PCI, and AKI post-PCI
- 2 tailed t-test were used to compare D2B and LOS



Quality Metrics	Pre-Fellowship (Q1,Q2 2022)	Post-Fellowship (Q3,Q4 2022)	P-value
D2B (min)	70.76	62.33	0.01*
Major AE (%)	2.43	0.975	0.24
Blood Transfusion post-PCI (%)	1.21	0	0.11
AKI post-PCI (%)	6.56	2.30	0.02*
Length of Stay (days)	3.525	2.326	0.03*







Conclusion

- The initiation of a cardiovascular fellowship at our community hospital showed a statistically significant improvement in D2B, LOS, and AKI post-PCI. There were also improvement in overall major adverse events and blood transfusion post-PCI.
- These findings are promising, however these metrics need to continue to be tracked in the coming years in order to have a clearer
 picture regarding the significance of the improvement
- If this data continues to show improvement in the coming years it supports the idea that quality education and exposure can be provided without negatively impacting procedural outcomes and may in fact even improve them