

Coronary Heart Attack Ireland Register (CHAIR) Pilot Progress Report – January 2005

CHAIR Pilot evaluation and duration

The CHAIR Pilot external evaluator was appointed in September 2004 and has met with almost all major stakeholders, relevant hospital staff and the project manager. An evaluation report is expected in February 2005. At its October 2004 meeting, the National Cardiovascular Information Systems steering committee (NCIS-SC) recommended that the CHAIR Pilot continue until 30 June 2005 while work proceeded with the external evaluation and while the development of a detailed design for an integrated National Cardiovascular Information System (NCIS) continues.

The Department of Health and Children agreed to provide the funds for the CHAIR Pilot to continue until 30 June 2005. All CHAIR registration officers have now been contracted to this new date.

CHAIR Pilot Workshops

CHAIR registration officers met on Tuesday 19 October 2004 for the 8th CHAIR Pilot workshop.

This workshop discussed:

- CHAIR updated general statistics and reports;
- Upcoming CHAIR External Audit – what is required from the CHAIR Project Team;
- Upcoming NCIS-SC meeting of 29 October 2004;
- European Cardiology Audit and Registration Data Standards (CARDS) project;
- Integrated National Cardiovascular Information System;
- CHAIR one month follow up on all MI discharges – results and impact;
- CHAIR ACS hospital transfers/day cases – progress;

CHAIR registration officers met on Monday 6 December 2004 for the 9th CHAIR Pilot workshop.

This workshop discussed:

- General CHAIR progress – general statistics
- CHAIR External Audit – feedback on audit to date by the evaluator
- Feedback from NCIS-SC meeting of 29 October 2004
- CARDS project progress
- National Cardiovascular Information System
- CHAIR Presentations in hospitals
- CHAIR ‘audit’ reports
- Irish Health Reform update

The next workshop is scheduled for 7th March 2005.

CHAIR pilot general statistics

CHAIR collects data on patients who are admitted to hospital with a confirmed or suspected acute coronary syndrome (ACS). An ACS may be either a myocardial infarction or unstable angina. Myocardial infarction (MI) is the medical term for a heart attack.

From the beginning of CHAIR data collection in mid to late 2002 to 1st November 2004, there were **7,107** completed CHAIR admissions (comprising 6,136 patients – some patients were admitted more than once).

Gender and age breakdown

Gender	No of admissions	< 70 years	≥ 70 years
Male	4442	2932 (66%)	1510 (34%)
Female	2665	1404 (53%)	1261 (47%)

Discharge diagnosis breakdown

<i>ST Elevation MI</i>	<i>Non ST Elevation MI</i>	<i>Unstable Angina</i>	Total ACS	Total Non ACS
698	1275	816	2789 (39%)	4318 (61%)

* ACS = MI and Unstable Angina

CHAIR Pilot 'follow up'

In late September 2004, the CHAIR Project team followed up on the outcome of all CHAIR registrations discharged with an MI to 31 August 2004.

1681 MIs (577 ST Elevation and 1104 Non ST Elevation) were followed up.

- 178 (10.5%) died in hospital during that admission
- 28 (1.6%) died within 30 days of discharge

Of the 178 MIs (ST and NST) that died in hospital during that admission, there were:

- 105 males with an average age of 74 years
- 73 females with an average age of 79 years

Of the 28 MIs that died within 30 days of discharge:

- 23 died of a cardiac condition (such as MI, IHD or severe CAD); and
- 5 died of a non cardiac condition (such as septicaemia or CVA).

CHAIR external audit

As part of the external audit exercise the CHAIR pilot project team discussed the following issues at the most recent CHAIR workshop.

1. Are there more efficient ways of handling the CHAIR process?
2. Would hand-held data capture devices / laptops be of assistance?
3. How could the usefulness / relevance of CHAIR data be maximised for the benefit of clinicians in each hospital?

A number of opinions and ideas were expressed. It is expected that the external audit report will be completed by February 2005.

CHAIR transfer function

The CHAIR transfer function is working well. Patient data is transferred electronically (as the patient is transferred for an intervention and/or procedure, such as, an angiogram, angioplasty or coronary artery by-pass graft). As only two hospitals in the Health Service Executive – Southern Area have catheter laboratories CHAIR registration officers in these hospitals now have an increased workload.

CHAIR information

Although clinicians and cardiology areas within the hospitals receive CHAIR information via statistical reports and progress reports (such as this) there is no certainty that the full scope and potential of CHAIR is realised by all. For this reason CHAIR registration officers have prepared Powerpoint presentations for their respective hospitals. Many have already successfully presented and others have organised venues and dates for their presentations. CHAIR information is also available on the Irish Heart Foundation website – www.irishheart.ie.

CHAIR alignment with CARDS and future development

The Cardiology Audit and Registration Data Standards (CARDS) have been piloted throughout sites in Europe.

Although CHAIR and CARDS ACS are two different datasets they collect similar information. CARDS is a ‘core’ dataset only indicating the minimum requirements of ACS data to be collected in a European context whereas CHAIR collects other information of interest for a proposed national database. CHAIR is now aligned to CARDS as much as possible in terms of field names, options and protocols while not affecting the value and integrity of data collected to date. CHAIR can be (and will probably be) further aligned with CARDS and this will mean that many data fields will change considerably.

Future CHAIR pilot project work

As well as the ongoing monitoring of the project and development of the software and reports, there are a number of project tasks to complete. These are to:

- arrange and conduct further CHAIR workshops (next workshop – 7th March 2005);
- continue analysis of the CHAIR pilot data and publish some information;
- ensure that all relevant hospitals are operating with a patient administration system (PAS) interface to CHAIR;
- complete further targeted internal audits and evaluations of the CHAIR pilot;
- complete a further outcomes follow up on discharged patients;
- assist in the external evaluation of the CHAIR pilot as required; and
- produce a CHAIR pilot project report.

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