National Audit of Percutaneous Coronary Interventions

NICOR Minimum Data standard

1. Submission of minimum of **95%** of all cases

2. **90% data completeness** of at least the fields listed in the table below. These are the fields required for risk adjustment and publication of individual operator reports. You can assess how complete these fields are for your hospital by creating an 'aggregate report' from Lotus Notes. The results are shown on the front 'summary' worksheet. In addition the completeness for an individual consultant operator can be obtained by creating the same report by GMC number thought the NICOR web portal.

   In the near future we will send automated reports via email to the database contacts (in addition to the delays and cumulative funnel reports)

3. For a comparison of completeness between different centres you can refer to NAPCI 2013 Annual Report[1] (pages 28-32) or from the BCIS annual audit[2] (slides 79 to 87).
   Failure to meet the minimum data quality standard will mean that we cannot provide accurate analyses of your data.

[1] http://www.ucl.ac.uk/nicor/audits/adultpercutaneous/documents/2013_annual_report_pdf

[2] http://www.bcis.org.uk/documents/BCIS_Audit_2013_for_web_Version_23-11-2014.pdf

All PCI		Reason
1.03	NHS Number (England & Wales)	For linkage to ONS for mortality tracking and HES
1.06	Date of Birth	For calculation of age on admission required for risk adjusted outcome calculation*$
1.07	Sex	For risk adjusted outcome calculations*$
5.05	Medical History (which includes past history of CVA)	For risk adjusted outcome calculations*$
5.06	History or renal disease	For risk adjusted outcome calculations$
2.13	Previous Myocardial Infarction	For risk adjusted outcome calculations$
2.16	Diabetes	For risk adjusted outcome calculations*$
5.35	Creatinine	For risk adjusted outcome calculations$
2.18	Weight	For risk adjusted outcome calculations$
2.04	Cardiogenic shock (Pre-PCI)	For risk adjusted outcome calculations*$
2.03	Procedural urgency	For risk adjusted outcome calculations*$
3.09	Vessels attempted	For risk adjusted outcome calculations*
4.04	Discharge date	To calculate length of stay
4.03	Status at Discharge	To identify in-hospital mortality
4.01	PCI Hospital outcome	To identify in-hospital complications
5.31	Consultant responsible for procedure GMC number	Used to assign procedures to the operator for the operator outcomes reporting
3.02	Consultant responsible for procedure (name)	Used to assign procedures to the operator for the operator outcomes reporting
For all types of ACS		
2.07	Date/time of symptom onset	For delays to treatment calculations
5.27	Date/time of call for help	For delays to treatment calculations
2.08	Date/time of arrival at first hospital	For delays to treatment calculations
5.26	Date/time of arrival at PCI hospital	For delays to treatment calculations
Primary PCI (in community at symptom onset)		
5.30	Location of Patient at onset of STEMI	To differentiate between those patients who developed STEMI while in the community from those already in hospital for another reason. For delays to treatment calculations
3.26	Date/time of first balloon inflation	For delays to treatment calculations

* For NWQIP model: age, sex, past CVA, shock, urgency, vessels attempted (grafts or LMS)

[$] For 30 day mortality model: age, sex, past CVA, past MI, renal disease, diabetes, shock, urgency