

Post-PCI bleeding rates vary widely across hospitals

November 27 2014



(HealthDay)—Patient case-mix and procedural factors may contribute to wide variation in the hospital rates of bleeding after percutaneous coronary intervention (PCI), according to research published online Nov. 25 in *Circulation: Cardiovascular Quality and Outcomes*.

Connie N. Hess, M.D., of the Duke Clinical Research Institute in Durham, N.C., and colleagues examined rates and contributing factors for hospital-level variation in post-PCI [bleeding](#). Using data from 1,984,998 procedures performed at 1,292 National Cardiovascular Data Registry hospitals, bleeding rates were compared before and after adjustment using the newly revised CathPCI Registry bleeding risk model.

The researchers found that the unadjusted post-PCI bleeding rate ranged from 2.6 to 10.4 percent, with a median rate of 5.2 percent. Variation in

bleeding rates across centers persisted following adjustment for case-mix (2.8 to 9.5 percent; fifth, 95th percentiles). Individual rankings for bleeding rates shifted after risk adjustment. Hospital use of bleeding avoidance strategies, such as bivalirudin, radial access, or vascular closure devices, was associated with reduced bleeding rates.

"Our findings support the CathPCI Registry's use of PCI-related bleeding as a site performance measure and potential incorporation of this metric into other PCI registries," the authors write.

Several authors disclosed financial ties to pharmaceutical and biomedical companies.

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Citation: Post-PCI bleeding rates vary widely across hospitals (2014, November 27) retrieved 20 November 2023 from
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