


 HAUTE AUTORITÉ DE SANTÉ

Variability in the quality of post-acute phase medical management of myocardial infarction according to quality indicator

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Results

Quality indicator (prescription, order, or advice)	Mean compliance (%) [95% CI]			p (t-test)
	Total (n=129)	< 300 beds/places (n=92)	>= 300 beds/places (n=37)	
QI 1 Aspirin/clopidogrel at discharge (n=129)	89 [86 - 91]	84 [80-87]	94 [91-96]	0.0001
QI 2 Beta-blocker at discharge (n=129)	85 [83 - 88]	81 [78-85]	90 [88-92]	0.0001
QI 3 Level 1: Measure of LVEF* (n=129)	83 [80 - 85]	79 [75-82]	87 [83-90]	0.002
Level 2: ACE-inhibitor at discharge if LVEF < 40%			NA [†]	
QI 4 Level 1: Statin at discharge (n=117)	89 [87 - 91]	83 [79-87]	93 [90-95]	0.0001
Level 2: Monitoring of statin use by lipid lab test (n=117)	14 [11 - 18]	14 [10-19]	13 [8-18]	0.663 (NS) [‡]
QI 5 Advice on diet (n=129)	32 [27 - 36]	28 [20-31]	39 [33-46]	0.002
QI 6 Advice on stopping smoking			NA	


*LVEF: left ventricular ejection fraction; [†]NS: not significant (p>0.05); [‡]NA: not applicable

- Results for compliance with drug prescriptions at discharge are very satisfactory. However, monitoring of statin use (level 2 of QI 4) is very poor. Advice on diet (QI 5) is not given often enough, and there is room for improvement
- Mean compliance rate differs significantly according to HCO size (number of beds/places) for all QIs except for level 2 of QI 4, with the larger HCOs always doing better


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Conclusions

- In spite of these encouraging results, there is still room for improving the medical management of patients during the post-acute phase after myocardial infarction
- These six QIs will be included in the French national accreditation procedure for HCOs. The final results will be used for benchmarking
- Next data collection on these QIs will occur in October 2009. HCOs will then be able to measure the impact of their improvement actions by collecting data each year


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