

Heart, Lung and Circulation (2017) xx, 1–13
 1443-9506/04/\$36.00
<https://doi.org/10.1016/j.hlc.2017.07.013>

The Establishment of the Victorian Cardiac Outcomes Registry (VCOR): Monitoring and Optimising Outcomes for Cardiac Patients in Victoria

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Received 20 October 2016; received in revised form 11 May 2017; accepted 26 July 2017; online published-ahead-of-print xxx

Background

The Victorian Cardiac Outcomes Registry (VCOR) was established in 2012 to ensure the safety and quality of cardiac based therapies across Victoria. As a clinical quality registry, VCOR monitors the performance of health services in both the public and private sectors, by measuring and reporting on trends in the quality of patient care over time, within individual hospitals, comparatively with other hospitals, and aggregated at the state level. The current paper describes the VCOR registry aims, methods, governance structure and progress to date.

Methods

Primary management of the registry is undertaken at Monash University in association with the Victorian Cardiac Clinical Network, Department of Health and Human Services Victoria.

Results

The Victorian Cardiac Outcomes Registry has currently collected data on more than 33,000 cardiac patients across three separate areas of interest in 35 hospitals. These include percutaneous coronary intervention (PCI), the early treatment of acute myocardial infarction in rural and regional settings, and data relating to in-hospital management of heart failure.

Conclusions

The Victorian Cardiac Outcomes Registry is a clinical cardiac registry that commenced data collection in 2013, providing a detailed description of selected aspects of contemporary cardiology clinical practice in a majority of Victorian hospitals. This information enables hospitals and cardiac units to benchmark their practice, clinical outcomes and quality of care to other similar units and hospitals across the state. If replicated by other states in Australia, there will be the potential for important national comparisons, with

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Please cite this article in press as: Stub D, et al. The Establishment of the Victorian Cardiac Outcomes Registry (VCOR): Monitoring and Optimising Outcomes for Cardiac Patients in Victoria. Heart, Lung and Circulation (2017), <https://doi.org/10.1016/j.hlc.2017.07.013>

the goal to foster continuous improvement in patient care and outcomes across the entire Australian health system.

Keywords

Cardiac outcomes • Registry • Quality • Safety

Introduction

Despite the steady decline in cardiovascular-related deaths over the last five decades in economically advantaged countries, the management of heart disease in all its various forms remains a key public health priority. In 2014, coronary heart disease was still the leading underlying cause of death among Australians, accounting for 13.1% of all deaths registered in that year. Cardiovascular disease represented the highest level of expenditure of any disease group [1]. Large numbers of Australians are also living with cardiovascular disease, often for extended periods and the number cardiovascular procedures continues to climb, with 50,000 more coronary procedures in 2011–2012 than in 2000–2001. Given the impact of heart disease on both the individual and the community, it is critical that public health initiatives and policies are directed at delivering treatment with high levels of safety and quality.

Background and Establishment of VCOR

The Department of Epidemiology and Preventive Medicine (DEPM), Monash University, conducted a pilot registry for cardiac procedures in 2009–10, which was the forerunner to VCOR. This was on a background of the Melbourne Interventional Group registry, which was established at Monash University in 2004, and continues to the present day [2]. In late 2011, funding was obtained to set up a state-wide cardiac outcomes registry in Victoria. The current paper describes the VCOR registry aims, methods, governance structure and progress to date.

Methods

The Victorian Cardiac Outcomes Registry (VCOR) was established in 2012 as a clinical quality registry to monitor the performance of health services in Victoria in the delivery of high quality, cardiac-based therapies. The registry encompasses hospitals in both the public and private sectors and reports on the quality and effectiveness of cardiovascular health care in Victoria [3].

Aims of VCOR

The broad aim of VCOR is to provide information to clinicians, hospitals, health funders and consumers that can be utilised to ensure patients receive the highest quality cardiac care possible. The data from the registry facilitates the benchmarking of hospitals' performance—an effective tool for the identification of health services whose performance is below standard, or is exemplary to the point that it is a standout among its peers. Additionally, the registry can assist in

assessing overall compliance with national standards of care and evidence-based guidelines and contribute to their continuing development and refinement.

Initially, the focus of VCOR was primarily directed towards establishing the first VCOR module: the collection, analysis and reporting of performance measures for percutaneous coronary intervention (PCI) in Victoria. Since 2013, additional modules including monitoring the early management with fibrinolysis of acute ST-elevation myocardial infarction (STEMI) in rural centres in Victoria were commenced. In 2014 a month-long snapshot data collection system for all patients admitted to hospital with heart failure (See Appendix 1,2,3 for Module case report forms) was developed and implemented and repeated on an annual basis.

Governance and Registry Structure

The design and implementation of VCOR as a clinical quality registry is based around the Framework for Australian Clinical Quality Registries [4], developed by The Australian Commission for Safety and Quality in Health Care, in collaboration with the states and territories and expert registry groups. This framework was endorsed by the Australian Health Ministers' Advisory Council (AHMAC) in March 2014. Its application provides assurance to all key stakeholders that registry data and its supporting systems satisfy minimum security, technical and operating standards.

The VCOR model of independent academic management of the registry, with key stakeholder engagement and oversight, enabled the registry to be established at Monash University. Key stakeholders included the Victorian Cardiac Clinical Network, the Department of Health and Human Services Victoria, and the private hospital sector.

All registry-related matters are governed by the VCOR Steering Committee, in liaison with two subcommittees—the Clinical Quality Committee and the Data Access, Research & Publications Committee. Various policy and governance documents were developed and approved by the Steering Committee. Day-to-day project management is undertaken by the Department of Epidemiology & Preventive Medicine at Monash University, which remains independent from sites carrying out data collection (Figure 1).

Steering Committee

The committee's membership comprises representatives from each of the participating public and private PCI sites, the Victorian Cardiac Clinical Network, the registry custodian and a consumer representative. Its focus is to provide direction on strategies and deliverables for the clinical registry. Responsibilities include ensuring that the registry is conducted according to the Operating Principles and

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