HEART

Foreword

Interventional cardiology

The first British Cardiovascular Intervention Society supplement to *Heart* published in 1997 surveyed the then state of the art and looked into the future, speculating on the value of emerging technologies. In 1999, the BCIS supplement takes stock of present practice and, in the emerging era of clinical governance, it examines the processes by which we assess our results.

Since BCIS evolved from its predecessor, the British Angioplasty Group, we have attempted to collect data from all active interventional centres, related to the number of procedures as well as outcomes. These results used to be published intermittently in *Heart*. Because the process was voluntary, the information was incomplete and its validity and reliability thus open to question. Furthermore, because information systems in most centres were either basic or non-existent, there could be little if any attempt to relate outcome to preprocedural risk. Nevertheless, the information did provide a valuable insight into interventional activity in the UK. The slow but steady growth of PTCA in the UK could thereby be monitored, and its risk and success rates assessed as we moved into the realms of unstable coronary syndromes, the introduction of new devices, and increasingly complex coronary anatomy.

We always anticipated that a formalised and reliable system would emerge by which results are reported to a central site and thus enable a unit's practice to be compared anonymously with others. This development had to await the arrival of sufficiently sophisticated software, and agreement as to what information was essential, not just desirable, to collect. Recent events surrounding cardiac surgical outcomes have brought these issues into sharp focus and now require progress to be made. Furthermore, a voluntary commitment to provide such information can no longer be seen as sufficient. This, and similar issues, are examined by the BCIS President in this supplement (page II23).

The focus of this supplement on the audit process is reflected in the presentation of collated data from five years of UK practice (1992–96) (page II10). Results from the latest completed annual survey (1997) are also presented (page II2). Comparison of these two articles makes apparent the degree to which the information collected has altered to reflect our increased demand for more relevant data. Tony Rickards has done much to enlighten us about information technology and its application to interventional practice (page II18). His article reviews the process of data collection and describes the UK Central Cardiac Audit Database, in which it is anticipated that all cardiac interventional information will reside. The dataset that BCIS feels represents the minimum information required is also presented.

Information about outcome after hospital discharge following PTCA has always been difficult to acquire, and yet may be more relevant than the immediate in-hospital results. We have therefore included follow up data derived from a large stenting experience produced by the Thoraxcenter in Rotterdam, the Netherlands (page II27). The conclusions to be drawn from such a registry may be limited but these data nevertheless provide useful insights into the long term effects of our interventions.

We hope that by focusing on the process of interventional audit and issues related to risks and outcomes, this supplement will provide a valuable foundation to help us examine not only what we do but also how well we do it.

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