99.2% of 366 healthcare organisations managing more than 10 patients with myocardial infarction (MIs) carried out the collection.

20378 records of MI patients analysed.

A cardiologist participated in the collection in 85% of healthcare organisations and an emergency medicine specialist in 11% of healthcare organisations.

7 MI indicators at discharge collected by the healthcare organisations.

2 indicators measured and publicly reported for each healthcare organisation.
The 2015 national campaign assessing Hospital Management of Myocardial Infarction (MI) is a retrospective survey of all medical, surgical and obstetric (MCO) healthcare organisations with at least 10 patient stays coded as MI in 2014.

### Population analysed: patient stays with a diagnosis of MI

- 20378 records analysed:
  - 30.7% women;
  - mean age: 67 years, 33.7% of patients aged over 75 years;
  - 35.4% smokers;
  - 20% with heart failure (Left Ventricular Ejection Fraction [LVEF] ≤ 40%).

### 2 MI indicators at discharge publicly reported on Scope Santé

![Image of MI indicators]

The weighted national mean for the score of appropriate BASI* prescriptions is 90%, with 77% of healthcare organisations having a mean ≥ performance threshold of 90% (class A and B healthcare organisations).

![Image of lifestyle and dietary rules]

The weighted national mean for awareness of lifestyle and dietary rules was 74%, with 50% of healthcare organisations having a mean ≥ performance threshold of 80% (class A and B healthcare organisations).

*BASI is the French acronym for the appropriate prescribing of a beta blocker, aspirin and a second antiplatelet drug, a statin and an ACE inhibitor.
Principal findings and trends compared with the 2013 campaign

- The population of patients traced as smokers during the 2015 campaign increased by 5.4 points compared with the last campaign.
- The national mean rate of appropriate BASI prescribing shows an increase of 6 points and reached 90% this year.
- However, 23% of healthcare organisations have a mean for BASI prescribing that remains below the performance objective set (in collaboration with professionals) at 90%.
- The initiation of secondary prevention progressed by 8 points; however, there is still room for improvement for 49% of healthcare organisations that are below the national performance objective set at 80%.
- The rate of computer processing of records for patients treated for MI increased by 8 points, and went from 14% to 22% in 2 years.

Computer processing of records

For this collection, 22% of records were fully computerised.
Since 2010, the healthcare organisations involved in the collection of care quality and safety indicators have been required to report the results of indicators in accordance with the ministerial order published annually.

Each healthcare organisation that carried out the collection of indicators has its individual results, comparative results and a supplemental analysis that are accessible on the QualHAS platform.

The results of all healthcare organisations, are posted on Scope Santé: an informational website on the quality of management in healthcare organisations intended for care users, patients and the general public.

- Results, by organisation, of publicly reported indicators.
- Accreditation results.
- Additional information on healthcare organisations.

In 2015, the two publicly reported indicators are included in the financial incentives for quality improvement (IFAQ) programme, with BASI weighted 60% and awareness of lifestyle and dietary rules weighted 40%.

The summary is available online at www.has-sante.fr

Next national collection campaign in 2017

November 2015