Nothing Changed. Except the Data.

What One Cath Lab Learned When Trained Abstractors Took Over Its NCDR Registries

The Baseline

A community hospital in a large multistate health system runs a single cardiac catheterization lab and reports to two NCDR registries, CathPCI and Chest Pain MI. Like most hospitals its size, it has no budget for an abstraction team. The registry data came from the cath lab staff themselves.

Nobody owned the job. Cases waited until a tech or nurse had an open hour, and the person who abstracted a case in March was rarely the person who abstracted one in May. The cath lab team is skilled at what it does, and what it does is run a cath lab. Registry abstraction is a separate discipline with its own definitions, exclusions, and metric logic, and none of it is taught in a cath lab.

The registry feedback reports told a story that made no sense to the people delivering the care. Aspirin at discharge sat at 43 percent. Beta blocker at discharge sat at 50 percent. Quarter over quarter, the hospital appeared to be slipping on some of the most basic measures in cardiology.

The Blind Spot

Bad registry data is expensive in ways that never show up on an invoice. This hospital was spending its energy on the wrong problems. Quality leaders looked at a 50 percent beta blocker rate and started asking cardiologists why they were not prescribing, when in fact they were. Meanwhile, the measures that could have used attention got none, because nobody trusted the report enough to know which numbers were real.

Accreditation depends on the same data. A hospital that wants to be a certified chest pain center has to show the numbers, and this hospital could not, even though the care behind those numbers was sound. The recognition it had likely earned for years was sitting on the table.

NCDR compounds the damage through timing. Its reports are built on a rolling four quarters, so one bad quarter does not disappear when the next good one arrives. It stays in the average for a year and a half. Every quarter of missed data was a quarter the hospital would carry with it long after the underlying problem was fixed.

The Handoff

The health system brought in Carta Healthcare to take over abstraction for the site. There was no performance improvement project. No one changed a discharge order set or retrained a cardiologist. The site was not yet using Carta Healthcare's AI platform either. The only thing that changed was who abstracted the charts and how well they understood what each registry field was asking.

The Evidence

Every measure that had looked broken went to 100 percent in the first quarter under Carta Healthcare abstraction, and stayed there. The before and after on the two clearest examples came in as follows.

- Aspirin at discharge, cath lab staff abstracting: **43%**
- Aspirin at discharge, Carta Healthcare abstracting: **100%**
- Beta blocker at discharge, cath lab staff abstracting: **50%**
- Beta blocker at discharge, Carta Healthcare abstracting: **100%**
- Clinical practice changes made during the period: **none**

The difference was in the abstraction, not the medicine. An experienced abstractor who does not see a beta blocker at discharge knows to keep digging, because the metric depends on it and NCDR watches it closely. If the patient truly was not prescribed one, the abstractor knows to document why, so that the case is excluded from the denominator rather than counted as a failure. A cath lab tech entering data between procedures has no reason to know either of those things, and no time to learn them.

Three consecutive quarters at 100 percent with no change in clinical process point to one conclusion. The hospital had probably been performing at that level all along. It had simply never received credit for it.

The Outcome

The cath lab team went back to running the cath lab. Abstraction and cath lab work are two different jobs, and the hospital had been asking one group to do both. Once abstraction had a real owner, the clinical staff got their hours back and the registry got data the hospital could act on.

Quality leadership got something more valuable than a clean report. They got a reliable one. With medication measures confirmed at 100 percent, the team could stop chasing a problem that never existed and put its attention where the data now showed it belonged. Accreditation the hospital had been unable to document is back within reach, and the site's abstractors are tracking the measures that decide it.

Abstraction is a specialized skill, and this hospital learned what it is worth the moment someone who had it took over the work. That is the foundation of Carta Healthcare's Hybrid Intelligence model. The AI changes how fast the work moves, and the abstractor's judgment decides whether the result can be trusted. At this site, judgment alone was enough to change everything.

They were right all along. Now the data ***says so.***