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| Indicator | **Description** | **Denominator** | **Numerator** |
| **hop2** | **Fibrinolytic Therapy Received within 30 Minutes of ED Arrival** | **Includes all cases except:*** **Cases without a valid E/M code on Table 1.0**
* **Discharge disposition was anything other than Acute care facility- general inpatient care or Acute care facility- DOD or VHA hospital**
* **Arrival date is >=01/01/2021**
* **The principal diagnosis code is not on Table 1.1**
* **Cases with no ECG performed within one hour prior to ED arrival or in the ED prior to transfer**
* **Cases with no documentation of ST elevation on the ECG done closest to ED arrival**
* **Patients who did not receive fibrinolytic therapy**
* **Fibrinolytic therapy was initiated >360 minutes after arrival**
* **Patients with fibrinolytic therapy initiated >30 and <=360 minutes after arrival and there is a clinician documented reason for a delay in initiating fibrinolytic therapy**
 | **Cases included in the denominator will pass if:*** **The following are valid**
	+ **Date fibrinolytic therapy was administered**
	+ **Time fibrinolytic therapy was administered**
	+ **Time of arrival at the OP department or ED of this VAMC**

**And*** **Fibrinolytic therapy was received within 30 minutes of ED arrival**
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| Indicator | Description | Denominator | Numerator |
| hop3a | Median Time to Transfer to Another Facility for Acute Coronary Intervention-Overall Rate | Includes all cases except:* Cases without a valid E/M code on Table 1.0
* Discharge disposition was anything other than general inpatient care or DOD or VHA hospital
* Arrival date is >=01/01/2021
* The principal diagnosis code is not on Table 1.1
* Cases with no ECG performed within one hour prior to ED arrival or in the ED prior to transfer
* Cases with no documentation of ST elevation on the ECG done closest to ED arrival
* Patients who received fibrinolytic therapy
* Patients who were admitted to observation status prior to transfer
* Patients who were transferred from this facility’s ED to another facility for reasons other than acute coronary intervention or reason for transfer is unable to be determined
* Cases with the date the patient departed the ED unable to be determined
* Cases with the time the patient departed the ED unable to be determined
* Cases with the time the patient arrived in the ED or OP department unable to be determined
 | Score=median time for all records in the denominator for date/time of ED departure minus date/time of ED arrival |

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| Indicator | **Description** | **Denominator** | **Numerator** |
| **hop3b** | **Median Time to Transfer to Another Facility for Acute Coronary Intervention-Reporting Measure** | **Includes all cases except:*** **Cases without a valid E/M code on Table 1.0**
* **Discharge disposition was anything other than general inpatient care or DOD or VHA hospital**
* **Arrival date is >=01/01/2021**
* **The principal diagnosis code is not on Table 1.1**
* **Cases with no ECG performed within one hour prior to ED arrival or in the ED prior to transfer**
* **Cases with no documentation of ST elevation on the ECG done closest to ED arrival**
* **Patients who received fibrinolytic therapy**
* **Patients who were admitted to observation status prior to transfer**
* **Patients who were transferred from this facility’s ED to another facility for reasons other than acute coronary intervention or reason for transfer is unable to be determined**
* **Cases with the date the patient departed the ED unable to be determined**
* **Cases with the time the patient departed the ED unable to be determined**
* **Cases with the time the patient arrived in the ED or OP department unable to be determined**
* **Cases with a reason documented by a physician/APN/PA or pharmacist for a reason for not administering fibrinolytics, the patient has a diagnosis of cardiogenic shock, or fibrinolytic therapy was refused**
 | **Score=median time for all records in the denominator for date/time of ED departure minus date/time of ED arrival** |

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| Indicator | **Description** | **Denominator** | **Numerator** |
| hop3c | Median Time to Transfer to Another Facility for Acute Coronary Intervention-Quality Improvement Measure | Includes all cases except:* Cases without a valid E/M code on Table 1.0
* Discharge disposition was anything other than general inpatient care or DOD or VHA hospital
* Arrival date is >=01/01/2021
* The principal diagnosis code is not on Table 1.1
* Cases with no ECG performed within one hour prior to ED arrival or in the ED prior to transfer
* Cases with no documentation of ST elevation on the ECG done closest to ED arrival
* Patients who received fibrinolytic therapy
* Patients who were admitted to observation status prior to transfer
* Patients who were transferred from this facility’s ED to another facility for reasons other than acute coronary intervention or reason for transfer is unable to be determined
* Cases with the date the patient departed the ED unable to be determined
* Cases with the time the patient departed the ED unable to be determined
* Cases with the time the patient arrived in the ED or OP department unable to be determined
* Cases with no documentation of a reason for not administering thrombolytic therapy
 | Score=median time for all records in the denominator for date/time of ED departure minus date/time of ED arrival |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hop18a | Median Time from ED Arrival to ED Departure for Discharged ED Patients-Overall Rate | Includes all cases except:* Cases without a valid E/M code on Table 1.0
* Discharge disposition was expired, left AMA, or unable to be determined
* Arrival date is >=01/01/2021
* Time of arrival is not a valid time
* Date the patient departed from the ED is not valid
* Time the patient departed from the ED is not valid
 | Score is the median time from ED arrival to ED departure for cases included in the denominator |
| **hop18b** | **Median Time from ED Arrival to ED Departure for Discharged ED Patients-Reporting Measure** | **Includes all cases except:*** **Cases without a valid E/M code on Table 1.0**
* **Cases with a code on Table 7.01**
* **Discharge disposition was non-VA acute inpatient care or a VA or DOD hospital; expired, left AMA, or unable to be determined**
* **Arrival date is >=01/01/2021**
* **Time of arrival is not a valid time**
* **Date the patient departed from the ED is not valid**
* **Time the patient departed from the ED is not valid**
 | **Score is the median time from ED arrival to ED departure for cases included in the denominator** |
| hop18c | Median Time from ED Arrival to ED Departure for Discharged ED Patients-Psychiatric/Mental Health | Includes all cases except:* Cases without a valid E/M code on Table 1.0
* Cases without a code on Table 7.01
* Discharge disposition was expired, left AMA, or unable to be determined
* Arrival date is >=01/01/2021
* Time of arrival is not a valid time
* Date the patient departed from the ED is not valid
* Time the patient departed from the ED is not valid
 | Score is the median time from ED arrival to ED departure for cases included in the denominator |

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| Indicator | **Description** | **Denominator** | **Numerator** |
| hop18d | Median Time from ED Arrival to ED Departure for Discharged ED Patients-Transfer Patients | Includes all cases except:* Cases without a valid E/M code on Table 1.0
* Discharge disposition was anything other than general inpatient care or DOD or VHA hospital
* Arrival date is >=01/01/**2021**
* Time of arrival is not a valid time
* Date the patient departed from the ED is not valid
* Time the patient departed from the ED is not valid
 | Score is the median time from ED arrival to ED departure for cases included in the denominator |
| **hop23** | **Head CT/MRI Results for Acute Ischemic or Hemorrhagic Stroke-Patients Who Received Scan within 45 Minutes of Arrival** | **Includes all cases except:*** **Cases without a valid E/M code on Table 1.0**
* **Arrival date is >=01/01/2021**
* **Cases without a code on Table 8.0**
* **Discharge disposition was expired, left AMA, or unable to be determined**
* **A CT or MRI scan of the head was not ordered during the ED visit**
* **There is no documentation of last known well**
* **Patients with last known well time more than 120 minutes prior to arrival at the OP or ED of this VAMC**
 | **Cases included in the denominator will pass if:*** **Time of arrival is a valid time**
* **There is documentation of last know well and**
	+ **the date last known well is a valid date and**
	+ **the time last known well is a valid time and**
* **Date the head CT or MRI interpretation was completed/ reported is a valid date and**
* **Time the head CT or MRI interpretation was completed/ reported is a valid time and**
* **The head CT or MRI interpretation was completed/ reported within 45 minutes of arrival in the OP department or ED of this VAMC**
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