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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** |