VHA EXTERNAL PEER REVIEW PROGRAM
ACUTE CORONARY SYNDROME INSTRUMENT
REVASCULARIZATION MODULE
Third Quarter FY2014

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
1	ththgvn	Was primary fibrinolytic therapy received during this episode of care? 1. yes 2. no	1, 2 If 1, auto-fill conthth95 as -1, and go to specthth	Abbokinase, Activase, Alteplase, Anistreplase, Eminase, Reteplase, Kabikinase, Streptase, Streptokinase, Tissue Plasminogen Activator (TPA), Win-kinase, APSAC = Anisylated plasminogen streptokinase activator complex. **If fibrinolytic therapy was initiated in the ambulance and was infusing at the time of arrival, answer "1." If infusion of fibrinolytic therapy was completed by the time of hospital arrival, answer "2."** **Exclude fibrinolytics given during or after a PCI.**

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2	conthth1 conthth2 conthth3 conthth4 conthth5 conthth6 conthth7 conthth8 conthth9 conthth10 conthth11 conthth12 conthth13 conthth14 conthth15 conthth16 conthth17 conthth95 conthth99	Does the record document any of the following reasons for not administering fibrinolytic therapy? **Indicate all that apply:** 1. known bleeding tendencies 2. recent bleeding within 6 weeks 3. active internal bleeding 4. recent surgery / trauma within 6 weeks 5. intracranial neoplasm, AV malformation, or aneurysm 6. severe uncontrolled hypertension 7. suspected aortic dissection 8. significant closed head injury or facial trauma within 3 months 9. active peptic ulcer 10. traumatic CPR 11. ischemic stroke within 3 months, except acute ischemic stroke within 3 hours 12. any prior intracranial hemorrhage 13. pregnancy 14. prior allergic reaction to fibrinolytic therapy 15. DNR at time of treatment decision 16. other 17. expected door to balloon (DTB) time < 90 minutes 95. not applicable 99. no reason documented	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 95, 99 **Cannot enter 13 if sex = 1** If ththgvn = 2, auto-fill specthth as 95, ththdate as 99/99/9999, ththtime as 99:99, fibdelay as 95, and ththfail as 95	**1. Known bleeding tendencies:** unusual susceptibility to bleeding mostly due to defect in coagulation system. May include but not limited to: warfarin anticoagulation, vitamin K deficiency, hemophilia. **2. Recent bleeding:** clinician documentation of a history of prolonged bleeding episode (e.g. nose bleeds, bleeding after minor trauma) or history of known internal bleeding within past 6 weeks **3. Active internal bleeding:** patient presents to hospital actively bleeding from non-compressible site, such as biopsy site, subclavian artery, ulcer, lacerated viscera or other internal site. Skin lesions or trauma to external surface is not applicable. **4. Recent surgery/trauma:** any history of surgery, especially neuro- surgery procedures within 6 weeks **5. Intracranial neoplasm:** brain tumor (malignant, benign or metastatic); **arteriovenous (AV) malformation:** abnormal connection between arteries and veins in the brain; **or aneurysm:** bulging weak area in wall of artery in the brain. **6. Severe uncontrolled hypertension on presentation:** systolic BP > 180mm Hg or diastolic BP > 110 mm Hg, following therapy in the emergency department, or a clinician's notation diagnosing severe uncontrolled HTN at time of admission. **7. Suspected aortic dissection:** clinician documentation **of** signs/symptom of separation of the layers within aortic wall, such as sudden tearing or ripping chest or abdominal pain, or widening of the aorta on x-ray. **10. traumatic CPR:** traumatic or prolonged (> 10 minutes) cardiopulmonary resuscitation (CPR) **14. Prior allergic reaction:** clinician documentation of prior allergy **16. Other contraindication documented by a clinician: patient or situation-specific reason why patient is not a candidate for fibrinolytic therapy** (Examples: patient's advanced age, multiple system failure, patient or family decided against fibrinolytic therapy) **17. Expected DTB time:** clinician documentation that fibrinolytics were not administered because the expected DTB time would be < 90 minutes

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3	specthth	Indicate which of the following fibrinolytic agents were administered to the patient: 1. streptokinase 2. reteplase 3. tPA (Alteplase) 4. tenecteplase 5. other agent administered 95. not applicable	1, 2, 3, 4, 5, 95 If ththgvn =2, will be auto-filled as 95	Streptokinase: 1.5 million units (MU) over 60 minutes Reteplase (rPA): 10 U over 2 minutes followed by a second 10 U IV bolus 30 minutes later Alteplase (tPA): (100 mg maximum), 15 mg IV bolus, then 0.75 mg/kg over 30 minutes, then 0.5 mg/kg over the next 60 minutes Tenectaplase: IV bolus weight adjusted
4	ththdate	Enter the date primary fibrinolytic therapy was initiated during this hospital stay.	mm/dd/yyyy If ththgvn = 2, will be auto-filled as 99/99/9999 Abstractor may enter 99/99/9999 > = acutedt and < = dcdate	Check emergency department notes, medication administration record, progress notes, nurses' notes for specific date fibrinolytic therapy was given**. Do not use order sheets for this data element.** If there are two or more different fibrinolytic administration dates (either different fibrinolytic episodes or corresponding with the same episode), enter the date (and time) the earliest fibrinolytic agent was initiated. **Enter exact date. Month = 01 or day = 01 is not acceptable**. If the patient was brought to the hospital via ambulance and fibrinolytic therapy was infusing at the time of hospital arrival, enter the date the patient arrived at the hospital. **Exclude fibrinolytics given during or after a PCI.** If the date primary fibrinolytic therapy was initiated is unable to be determined from medical record documentation, enter 99/99/9999. If the date documented in the medical record is obviously in error (not valid, e.g. 03/**42**/2007) and no other documentation is found, enter 99/99/9999.

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5	ththtime	Enter the time primary fibrinolytic therapy was initiated during this hospital stay.	_____ UMT If ththgvn = 2, will be auto-filled as 99:99 Abstractor may enter 99:99 > = acutedt/acutetm and < = dcdate/dctime	**If fibrinolytic therapy was initiated in the ambulance and was infusing at the time of arrival, use the hospital arrival time.** Do not use order sheets for this data element. If there are two or more different fibrinolytic administration times (either different fibrinolytic episodes or corresponding with the same episode), enter the earliest time the fibrinolytic agent was initiated. Time must be in Universal Military Time If the time is in the a.m., conversion is not required. If the time is in the p.m., add 12 to the clock time hour. **Exclude fibrinolytics given during or after a PCI.** If the time primary fibrinolytic therapy was initiated is unable to be determined from medical record documentation, enter 99:99. If the time documented in the medical record is obviously in error (not valid, e.g. **33**:00) and no other documentation is found, enter 99:99.
6	fibdelay	Is there a reason documented by a physician, APN, or PA for a delay in initiating fibrinolytic therapy after hospital arrival? 1. Yes 2. No 95. Not applicable	1, 2, 95 If ththgvn = 2, will be auto-filled as 95	• **Physician/APN/PA documentation must be clear in the record that: (1) a "hold," "delay," "deferral", or "wait" in initiating fibrinolysis/reperfusion actually occurred, <u>AND</u> (2) the underlying reason for that delay was non-system in nature. Do NOT make inferences from documentation of a sequence of events alone. Examples of ACCEPTABLE physician/APN/PA documentation:** ◦ "Hold on fibrinolytics. Will do CAT scan to rule out bleed." ◦ "Patient waiting for family and clergy to arrive - wants to consult with them before fibrinolysis." ◦ "Fibrinolysis delayed due to need to control BP before administering fibrinolysis." ◦ "Fibrinolytic therapy initially deferred due to shock." **EXCEPTIONS that do NOT require documentation that a delay in initiating fibrinolytic therapy occurred:** 1. **Physician/APN/PA documentation that cardiopulmonary arrest, mechanical circulatory assist device placement, or intubation occurred within 30 minutes after arrival.** In order to be acceptable, documentation must be CLEAR that the arrest,

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mechanical circulatory assist device placement, or intubation occurred within 30 minutes after arrival (use the earliest time documented to confirm the cardiopulmonary arrest occurred within 30 minutes).

Inclusion Guidelines: Cardiopulmonary arrest

- Cardiac arrest
- Cardiopulmonary resuscitation (CPR)
- Defibrillation
- Respiratory arrest
- Ventricular fibrillation (V-fib)

Inclusion Guidelines: Intubation

- Endotracheal intubation (ETI)
- Mechanical ventilation
- Nasotracheal intubation(NTI)
- Orotracheal intubation

Inclusion Guidelines: Mechanical circulatory assist devices

- Aortic balloon pump
- Biventricular assist device (BiVAD)
- Intra-aortic balloon (IAB)
- Intra-aortic balloon counterpulsation (IABC)
- Intra-aortic balloon pump (IABP)
- Intra-aortic counterpulsation (IAC)
- Intra-aortic counterpulsation balloon pump (IACBP)
- Left ventricular assistive device (LVAD)
- Percutaneous ventricular assist device (PVAD)
- Ventricular assist device (VAD)

2. **Physician/APN/PA documentation of initial patient/family refusal of fibrinolysis/reperfusion**

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				• **System reasons for delay are NOT acceptable, regardless of any linkage to the delay in the fibrinolysis/reperfusion. Examples of system reasons include but are not limited to:**
				  ◦ Equipment-related (e.g., IV pump malfunction)
				  ◦ Staff related issues (e.g., waiting for medication to be sent from pharmacy)
				  ◦ Consultation with other clinician that is not clearly linked to a patient-centered (non-system) reason for delay
				• **If unable to determine whether a documented reason is system in nature, select "2."**
				
				The following examples are **NOT** acceptable documentation of reasons for a delay in initiating fibrinolytic therapy:
				"Patient is discussing PCI with family" (Not specific enough - no mention of reperfusion/fibrinolytic therapy.) "Fibrinolytics contraindicated-too high risk." (Effect on timing/delay of fibrinolysis not documented.) "ST-elevation on initial ECG resolved. Chest pain now recurring. Begin lytics." (Requires clinical judgment -linkage to delay in fibrinolysis not clear.)
				"Patient presented to ED with non-cardiac symptoms. AMI confirmed later that morning. Fibrinolytic therapy started." (Requires clinical judgment -linkage to delay in fibrinolysis not documented.)
				
				Suggested Data Sources: Physician/APN/PA documentation only
				
				• Code sheet (if signed by physician/APN/PA)
				• Consultation notes
				• Discharge summary
				• Emergency department record
				• History and physical
				• Physician orders
				• Progress notes
				
				Excluded Data Sources: Any documentation dated/timed after discharge, except discharge summary and operative/procedure/diagnostic test reports (from

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				procedure done during hospital stay).
7	ththfail	Is there documentation in the record that fibrinolytic therapy was unsuccessful? 1. yes 2. no 95. not applicable	1, 2, 95 If ththgvn = 2, will be auto-filled as 95	**To answer "yes," there must be specific documentation by a clinician (physician, APN, or PA) that reperfusion by fibrinolytic therapy was unsuccessful or ineffective.**
8	outpci	Was the patient discharged to another acute care hospital for an emergent cardiac cath or probable PCI? (Emergent: within < = 24 hours) 1. yes 2. no	1, 2 **If 2, auto-fill tranplan as 95, actvdt as 99/99/9999, actime as 99:99, trnfrdt as 99/99/9999, and timeout as 99:99**	**Emergent cardiac cath: transferred out within < = 24 hours from arrival time or, if the patient was already an inpatient, abnormal ECG time or positive troponin report time.** If the patient is sent to a hospital affiliated with this VAMC for a PCI, and returned to this VAMC within 12 hours for further care, answer "2" since this is not a discharge, and the cath/PCI is considered as done at this VAMC. Answer "1" if the patient was discharged to another VAMC or community-based acute care hospital, and the record documents a planned cath with consideration of a PCI depending on the outcome of the cath.
9	tranplan	Is there documentation of a plan for transfer, i.e., acceptance by the receiving facility and transportation arrangements made? 1. yes 2. no 95. not applicable	1, 2, 95 If outpci = 2, will be auto-filled as 95 **If 2, auto-fill actvdt as 99/99/9999 and actime as 99:99 and trnfrdt as 99/99/9999 and timeout as 99:99**	**Plan of transfer must be comprised of the two noted parts: the receiving facility must be contacted and agree to accept the patient, and arrangements for transportation must be made.**
10	actvdt	Enter the date the plan was activated.	mm/dd/yyyy If outpci = 2 or tranplan = 2, will be auto-filled as 99/99/9999 > = acutedt and < = dcdate	**Plan activated = the latest date when both components of the plan were completed** Enter the exact date. The use of 01 to indicate missing day or month is not acceptable. Will be auto-filled as 99/99/9999 if TRANPLAN = 2. Abstractor cannot enter 99/99/9999 default date if TRANPLAN = 1.

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
11	actime	Enter the time of activation.	_____ UMT If outpci = 2 or tranplan = 2, will be auto-filled as 99:99 **Abstractor can enter 99:99 default time if the time of activation is unknown.** > = acutedt/acutetm and < = dcdate/dctime	Time must be entered in universal military time. The time is the latest time that the receiving facility agreed to take the patient and transportation arrangements were completed. **Abstractor can enter 99:99 default time if the time of activation is unknown.**
12	trnfrdt	Enter the date the patient left the hospital.	mm/dd/yyyy If outpci = 2 or tranplan = 2, will be auto-filled as 99/99/9999 > = actvdt and < = dcdate	Source: MD orders, progress notes Date of transfer = date patient actually left the VAMC for another acute care hospital for planned cath and possible PCI. Enter the exact date. The use of 01 to indicate missing day or month is not applicable.
13	timeout	Enter the time the patient left the hospital.	_____ UMT If outpci = 2 or tranplan = 2, will be auto-filled as 99:99 **Abstractor can enter default time 99:99 if unable to determine time the patient left the hospital** > = actvdt/actime and < = dcdate/dctime	Time must be entered in universal military time. If the time is in the a.m., conversion is not required. If the time is in the p.m., add 12 to the clock time hour. **If unable to determine the time the patient left the hospital, enter 99:99.**

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
14	noptca	Is there physician/APN/PA documentation in the record of a contraindication to PCI? 2. patient comorbidities preclude procedure 3. other reason documented 98. patient/family refusal 99. no documented contraindication	2, 3, 98, 99	**Contraindication to PCI must be clearly documented by a physician/APN/PA. For the purposes of this question, documentation that refers to cardiac cath only is not acceptable UNLESS the physician/APN/PA clearly documents that the patient's condition precludes all invasive procedures.** **2. Patient comorbidities preclude procedure:** documentation indicates patient has significant comorbidities that likely preclude a successful outcome of PCI. **3. Other reason documented may include but is not limited to:** • coronary anatomy not suitable for PCI • active bleeding on arrival or within 24 hrs **98. Patient/family refusal:** documentation may include patient/family/legal representative refusal to consent to PCI.

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15	ptcadne	Was a percutaneous coronary intervention (PCI) performed during this episode of care? 1. Yes 2. No 3. Emergent PCI done as an outpatient at this VAMC immediately prior to acute care arrival **If a PCI was performed, ICD-9-CM code should be entered in pxcode or othrpxs if documented in the medical record. Do not enter any procedure codes that are not present in the medical record. The codes for stent placement (36.06) or drug-eluting stent placement (36.07) should be added, if applicable, but can only be an adjunct to 00.66.**	1, 2, 3 **If 1, auto-fill planpci as 95** **If 2, auto-fill opcicpt as 95, primepci as 2, pcidate as 99/99/9999, pcitime as 99:99, and auto-fill pcidelay as 95** **If 3, auto-fill planpci as 95 and pcidelay as 95** **Cannot enter 3 if outpci = 1** Warning window if 2 and 00.66 entered in pxcode or othrpxs Warning window if 1 and 00.66 not entered in pxcode or othrpxs	**Do not include PCIs that were attempted but not completed on at least one vessel. Include PCIs that are completed but unsuccessful in maintaining the flow of blood through the artery.** Percutaneous coronary intervention: dilation of a coronary arterial obstruction by means of a balloon catheter inserted through the skin and into the lumen of the vessel to the site of the narrowing. The balloon is inflated to flatten plaque against the artery wall. This may be performed with or without a stent, which is a metal scaffold that is used to assist in establishing and maintaining vessel patency. Cardiac cath alone is not a PCI. **If the patient is transferred to a hospital affiliated with this VAMC for a PCI, returns to this VAMC within 12 hours for further care, and the PCI report is accessible, answer "1."** All questions after PTCADNE reference the PCI done after acute care hospital arrival and do not reference a PCI done in the outpatient setting immediately prior to acute care arrival.

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
16	opcicpt	If the PCI was performed prior to admission at this VAMC, does the record contain CPT code 92920, 92924, 92928, 92933, 92937, 92941, 92943? 1. Yes 2. No 95. Not applicable	1, 2, 95 Will be auto-filled as 95 if ptcadne = 2 **Computer will auto-fill as 95 if pxcode or othrpxs = 00.66**	This question applies to PCIs which may have been performed either immediately prior to or after acute care arrival for this episode of care, but prior to formal admission. Look under outpatient encounters to determine if the PCI was coded using one of the listed CPT codes. The CPT code may have an **"add on code"** that describes each additional branch that had an intervention (angioplasty, atherectomy, stent) and are to be listed separately from the core codes. Examples of core codes **+add on codes** include, but are not limited to: • Balloon angioplasty 92920, +92921 (each additional branch) • Atherectomy alone 92924, +92925 (each additional branch) • Stent 92928, +92929 (each additional branch) • Atherectomy + stent 92933, +92934 (each additional branch) • Any PCI of or through a CABG site; includes distal protection 92937, +92938 (each additional branch) • Any PCI of acute/subacute occlusion during acute MI 92941 • Any PCI of chronic total occlusion 92943, +92944 (each additional branch)
17	planpci	Did the physician/APN/PA document the patient was sent to the cardiac cath lab emergently with a plan for PCI? 1. Yes 2. No 95. Not applicable	1, 2, 95 Will be auto-filled as 95 if ptcadne = 1 or 3	**This element is applicable to patients who do not have a PCI performed or completed. The intent is to look for clinician documentation reflecting that the patient was sent to the cath lab emergently with a plan for PCI. For example, ED physician notes, "STEMI, discussed with Dr. Smith, cardiologist. Patient transported to cath lab for emergent cath" and cardiologist notes in cath report, "lesions not amenable to PCI, consult for CABG." Select "1."** **Consideration of PCI must be documented either prior to the emergent cardiac cath procedure or in a note referencing the emergent cardiac cath procedure.** Suggested Sources: ED notes, cardiology consult, cardiac cath report, post-cath notes

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18	primepci	Did a physician, APN, or PA describe the first PCI as NOT primary? 1. Yes 2. No 95. Not applicable	1, 2, 95 Hard edit: Cannot = 1 if ptcadne = 3	A PCI is considered NOT primary when it is used for reasons that are not emergent in nature. **Non-primary PCIs are described as elective, not emergent, not immediate, not primary, not urgent, or secondary.** A primary PCI is the use of a percutaneous reperfusion procedure in the acute phase of ST-segment elevation MI (usually within 12 hours or less from the onset of ischemic symptoms) with the goal of restoring blood to the affected myocardium. **Use only physician, APN, or PA documentation which explicitly describes the first PCI as not primary. Do not attempt to determine whether the PCI was non-primary or not based on symptomatology, circumstances, timing, etc.** **If ANY physician/APN/PA documentation referring to the first PCI describes the procedure as non-primary (elective, not emergent, not immediate, not primary, not urgent, secondary), enter "1."** **Examples:** Physician notes, "Will schedule elective PCI" or "No indication for immediate PCI." Select "1." **If the documentation does not specifically describe the first PCI as not primary, enter "2."**
19	pcidate	What is the date associated with the time of the first PCI done after hospital arrival?	mm/dd/yyyy If ptcadne = 2, will be auto-filled as 99/99/9999 Abstractor may enter 99/99/9999 > = acutedt and < = dcdate	**Exact date must be entered. The use of 01 to indicate missing day or month is not acceptable.** **Do NOT include PCIs which were attempted but not completed on at least one vessel - e.g., angioplasty device (balloon, stent, thrombectomy device) could not be delivered to the blocked area of the artery, balloon could not be inflated, guidewire could not be advanced).** **Include PCIs that are completed but unsuccessful in maintaining the flow of blood through the artery. These may be described as "failed completed."** If the date of the first PCI is unable to be determined from medical record documentation, enter 99/99/9999. If the date documented in the medical record is obviously in error (not valid, e.g. 03/**42**/20xx) and no other documentation is found, enter 99/99/9999.
20	pcitime	What was the time of the first PCI done after hospital arrival? **Use the earliest time from the following allowable times:** 1. Time of the first balloon inflation (Inflate #1, Balloon inflated,	_____ UMT If ptcadne = 2, will be	**The earliest time from the allowable times should be used regardless of how many vessels were treated or which ones were successful vs. unsuccessful.**

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
		#ATM for #minutes/seconds, Time balloon deployed) 2. Time of first stent deployment (Time stent deployed, Time stent placed, Time stent inserted, Time stent expanded) 3. Time of the first treatment of lesion with another device (Time export cath or other thrombectomy device used, Time of aspiration, Time of suction, Time of device pass, Excimer time, Laser time, Time Rotablator used)	auto-filled as 99:99 Abstractor may enter 99:99 > acutedt/acutetm and < = dcdate/dctime	1. **Time of first balloon inflation:** ◦ If there is documentation of a time associated with a balloon but not of a specific time that the balloon was inflated or deployed (e.g., "11:35 XYZ balloon" only), infer this to be the time of use, unless documentation suggests otherwise. 2. **Time of first stent deployment:** ◦ If there is documentation of a time associated with a stent but not of a specific time that the stent was deployed, placed, etc. (e.g., "11:35 XYZ stent" only), infer this to be the time deployed, placed, etc., unless documentation suggests otherwise. 3. **Time of first treatment of lesion with another device:** ◦ If there is documentation of a time associated with a device but not of a specific time that the device was used (e.g., "11:35 XYZ export cath" only), infer this to be the time of use, unless documentation suggests otherwise. **Do NOT include PCIs which were attempted but not completed on at least one vessel - e.g., angioplasty device (balloon, stent, thrombectomy device) could not be delivered to the blocked area of the artery, balloon could not be inflated, guidewire could not be advanced).** **Include PCIs that are completed but unsuccessful in maintaining the flow of blood through the artery. (These may be described as "failed completed.")** **If conflicting times are documented, use the earliest allowable time.** Use the allowable times regardless of the time of documentation of coronary blood flow (e.g. TIMI-3 flow, reperfusion). Disregard documentation on the procedure sheet of "lesion" accompanied solely by a time (e.g., "8:52 - RCA lesion"). Do NOT make the inference that this reflects lesion treatment time. If PCI time is unable to be determined from the medical record documentation, enter 99:99. If the time documented in the medical record is obviously in error (not valid, e.g. 33:00) and no other documentation is found, enter 99:99.
21	pcidelay	Is there a reason documented by a physician, APN, or PA for a delay in doing the first PCI after arrival?	1, 2, 95 If ptcadne = 2 or 3, will	• **Physician/APN/PA documentation must be clear in the record that: (1) a "hold," "delay," "deferral", or "wait" in performing**

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		1. Yes 2. No 95. Not applicable	be auto-filled as 95	**PCI/reperfusion/cath/transfer to cath lab actually occurred, AND (2) the underlying reason for that delay was non-system in nature. Do NOT make inferences from documentation of a sequence of events alone. Examples of ACCEPTABLE physician/APN/PA documentation:** ◦ "Hold on PCI. Will do TEE to rule out aortic dissection." ◦ "Patient waiting for family and clergy - wants to consult with them before PCI." ◦ "PCI delayed due to intermittent hypotensive episodes when crossing lesion." ◦ "Hold PCI. Need to consult with neurology regarding bleeding risk." ◦ "Cath initially deferred due to shock." **EXCEPTIONS that do NOT require documentation that a delay in performing the PCI actually occurred:** 1. **Physician/APN/PA documentation that cardiopulmonary arrest, mechanical circulatory assist device placement, or intubation occurred within 90 minutes after arrival.** In order to be acceptable, documentation must be CLEAR that the arrest, mechanical circulatory assist device placement, or intubation occurred within 90 minutes after arrival (use the earliest time documented to confirm the cardiopulmonary arrest occurred within 90 minutes). **Inclusion Guidelines: Cardiopulmonary arrest** ■ Cardiac arrest ■ Cardiopulmonary resuscitation (CPR) ■ Defibrillation ■ Respiratory arrest ■ Ventricular fibrillation (V-fib) **Inclusion Guidelines: Intubation** ■ Endotracheal intubation (ETI) ■ Mechanical ventilation ■ Nasotracheal intubation(NTI) ■ Orotracheal intubation

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES

Inclusion Guidelines: Mechanical circulatory assist devices

- Aortic balloon pump
- Biventricular assist device (BiVAD)
- Intra-aortic balloon (IAB)
- Intra-aortic balloon counterpulsation (IABC)
- Intra-aortic balloon pump (IABP)
- Intra-aortic counterpulsation (IAC)
- Intra-aortic counterpulsation balloon pump (IACBP)
- Left ventricular assistive device (LVAD)
- Percutaneous ventricular assist device (PVAD)
- Ventricular assist device (VAD)

2. **Physician/APN/PA documentation of initial patient/family refusal of PCI, reperfusion, cath, or transfer to cath lab**

- **System reasons for delay are NOT acceptable, regardless of any linkage to the delay in the PCI/reperfusion. Examples of system reasons include but are not limited to:**
  - Equipment-related (e.g., unavailability, malfunction)
  - Staff related issues (e.g., waiting for cath lab staff)
  - Consultation with other clinician that is not clearly linked to a patient-centered (non-system) reason for delay
  - Cath lab unavailability (e.g., no open cath lab)

If unable to determine whether a documented reason is system in nature, select "2."

The following examples alone are NOT acceptable documentation of reasons for a delay in doing the first PCI:
"ST-elevation on initial ECG resolved. Chest pain now recurring. To cath lab for PCI." **(Requires clinical judgment -linkage to delay in PCI not clear.)**
"Patient presented to ED with non-cardiac symptoms. AMI confirmed later that morning. PCI done." **(Requires clinical judgment -linkage to delay in PCI not**

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				clear.) "PCI not indicated." **(Effect on timing/delay of PCI not documented.)** **Suggested Data Sources: Physician/APN/PA documentation only** • Code sheet (if signed by physician/APN/PA) • Consultation notes • Discharge summary • Emergency department record • History and physical • Operative notes • Physician orders • Procedure notes • Progress notes **Excluded Data Sources:** Any documentation dated/timed after discharge, except discharge summary and operative/procedure/diagnostic test reports (from procedure done during hospital stay).
22	gpbloc	Did the patient receive a glycoprotein IIb/IIIa inhibitor? 1. tirofiban (Aggrastat) 2. eptifibatide (Integrilin) 3. abciximab (ReoPro) 99. none of these medications	1, 2, 3, 99 **If 1, 2, or 3, auto-fill nogpbloc as 95** **If 99, auto-fill gpblocdt as 99/99/9999 and gpbloctm as 99:99, and go to nogpbloc1**	Current data from at least 10 randomized, placebo-controlled, double-blind trials in ACS indicate that intravenous glycoprotein IIb/IIIa inhibitor therapy has a beneficial effect (reduction in death, MI, or revascularization) when used with patients with UA/NSTEMI. However, there is not yet consensus for their routine use in all patients with UA/NSTEMI. **Glycoprotein IIb/IIIa inhibitors are administered IV.**
23	gpblocdt	Enter the date the patient received a glycoprotein IIb/IIIa inhibitor.	mm/dd/yyyy If gpbloc = 99, will be auto-filled as 99/99/9999 > = acutedt and < = dcdate	**Glycoprotein IIb/IIIa inhibitors are administered IV**. Look in nursing IV medication administration records for date and time. Exact date must be entered.

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
24	gpbloctm	Enter the time the patient received a glycoprotein IIb/IIIa inhibitor.	_____ UMT If gpbloc = 99, will be auto-filled as 99:99 > = acutedt/acutetm and < = dcdate/dctime	The exact time of administration of the glycoprotein IIb/IIIa inhibitor must be known. Enter time in military time. If the time is in the a.m., conversion is not required. If the time is in the p.m., add 12 to the clock time hour.
25	nogpbloc1 nogpbloc2 nogpbloc3 nogpbloc4 nogpbloc5 nogpbloc6 nogpbloc7 nogpbloc8 nogpbloc9 nogpbloc10 nogpbloc11 nogpbloc95 nogpbloc98 nogpbloc99	Does the record document any of the following contraindications to GP IIb/IIIa inhibitors? **Indicate all that apply:** 1. active internal bleeding or history of bleeding within 30 days 2. history of intracranial hemorrhage 3. intracranial neoplasm 4. arteriovenous malformation or aneurysm 5. history of thrombocytopenia after previous exposure to GP IIb/IIIa inhibitors 6. history of ischemic stroke within 30 days or any history of hemorrhagic stroke 7. major surgery or severe trauma within the previous 30 days 8. history, symptoms, or findings suggestive of aortic dissection 9. severe hypertension (SBP >180 and/or DBP >90), unless corrected prior to administration 10. acute pericarditis 11. concomitant use of GP IIb/IIIa inhibitor 95. Not applicable 98. patient refused a glycoprotein IIb/IIIa inhibitor 99. no documented contraindication	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 95, 98, 99 Will be auto-filled as 95 if gpbloc = 1, 2, or 3	The most common adverse drug reactions associated with GP IIb/IIIa inhibitors are both major and minor bleeding and acute profound thrombocytopenia. Acute profound thrombocytopenia is defined as platelet count dropping to less than 50,000/mm within 24 hours of infusion. If the patient has a documented diagnosis of acute pericarditis, intracranial neoplasm, arteriovenous malformation or aneurysm, ischemic stroke within the past 30 days or history of any hemorrhagic stroke, the abstractor may accept these as contraindications to use of a GP IIb/IIIa inhibitor without other documentation. All other contraindications require notation by a clinician of their occurrence.
26	cabgdone	Was a CABG performed during this episode of care? 1. performed at this VAMC 2. performed at another VAMC 3. performed at a community hospital 98. patient and/or family refused CABG 99. no CABG performed during this episode of care	1, 2, 3, 98, 99 **If 98 or 99, auto-fill cabgdt as 99/99/9999**	**Option #1 cannot be selected unless the CABG was done at this VAMC.** **If the patient is transferred/discharged to a hospital affiliated with this VAMC for a CABG, it is unlikely the patient will return in 12 hours. Designate the location where the CABG was performed.** Patient and/or family's direct refusal of CABG must be documented in the record if 98 is entered.

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
27	cabgdt	Enter the date the CABG was performed.	mm/dd/yyyy If cabgdone = 98 or 99, will be auto-filled as 99/99/9999 > = acutedt and < = dcdate	If the patient was discharged to another VAMC or a community hospital, and there is no record of the CABG in the medical record, do not presume the CABG was performed the same or following day. Entry of month and year only of CABG is acceptable if the procedure was not performed at the VAMC under review.
		Go to Continuing Care and Assessment Module		