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| **#** | **Name** | QUESTION | **Field Format** | **DEFINITIONS/DECISION RULES** |
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| 1 | pcidt | Enter the date of the most recent PCI done anywhere within the past two years. | mm/dd/yyyy**If selpci = <> 1, auto-fill 99/99/9999**

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| < = 24 months prior or = stdybeg and < = stdyend |

 | If patient had more than one episode of care in which a PCI was performed, enter the date of the most recent procedure.**Since PCI within the past two years was entered in SELPCI, an approximate month and the year of the procedure must be known. If the exact date of the procedure is known, enter the full date. Month and year must be entered at a minimum. Date may be extrapolated from medical record documentation such as “last fall,” “eighteen months ago,” etc.**  |
| 2 | cabgdt | Enter the date of the most recent CABG done anywhere within the past two years. | mm/dd/yyyy**If selcabg = <> 1, auto-fill 99/99/9999**

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| < = 24 months prior or = stdybeg and < = stdyend |

 | **Since CABG within the past two years was entered in SELCABG, an approximate month and the year of the procedure must be known. If the exact date of the procedure is known, enter the full date. Month and year must be entered at a minimum. Date may be extrapolated from medical record documentation such as “last fall,” “eighteen months ago,” etc.**  |
| **If selpci = -1, or selcabg = -1, and selmi = <>, go to Shared Data Module****If selmi = -1, go to amifive** |
| 3 | amifive | Did the patient’s AMI occur > = five years from the first day of the study interval?1. Yes2. No | 1,2 | **All AMIs occurring greater than eight weeks before the qualifying visit are subject to inclusion in the IHD module. The five-year cutoff is no longer applicable; thus, the AMI may have occurred at any time in the past.** The exact date may not be known, but the abstractor will answer “1” to the question if it can be determined the AMI occurred five years or more prior to the first day of the study interval.  |

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| **#** | **Name** | QUESTION | **Field Format** | **DEFINITIONS/DECISION RULES** |
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| ~~4~~ | dcfromi | Enter the discharge date from the most recent hospitalization for acute myocardial infarction.  | mm/dd/yyyy**Abstractor can enter 99/99/9999 only if amifive = 1 and discharge date cannot be known** **If > 18 months prior to stdyend, auto-fill twormore as 95, frstdcdt as 99/99/9999, and go to bb6mos, else go to twormore****If 99/99/9999, auto-fill twormore as 95, frstdcdt as 99/99/9999, bb6mos as 95, and go to lvfdoc2**

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| If amifive = 2, < 5 years prior or = stdybeg and < = stdyendIf amifive = 1 > = five years prior to stdybeg and warning if before 01/01/1990 |

 | If the AMI occurred at a VAMC within the past year, the exact date of discharge must be entered. If the discharge occurred from a community hospital, enter a date that is as exact as possible.**If the AMI occurred several years in the past and the exact discharge date is not known, enter the year at a minimum. Month should be extrapolated from medical record documentation where possible.** **The 99/99/9999 default date can only be entered if amifive = 1, and discharge date cannot be known. If amifive = 2, 99/99/9999 default date cannot be entered.** |
| 5 | twormore | Did the patient have more than one episode of acute myocardial infarction within the last 18 months?1. Yes
2. No

95. Not applicable | 1,2,95Will be auto-filled as 95 if dcfromi > 18 months prior to stdyendIf 2, auto-fillfrstdcdt as 99/99/9999 | If the patient had more than one episode of AMI during the past 18 months resulting in more than one hospitalization, enter “1.” |

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| **#** | **Name** | QUESTION | **Field Format** | **DEFINITIONS/DECISION RULES** |
| 6 | frstdcdt | Enter the date of the discharge associated with the first episode of AMI within the last 18 months. | mm/dd/yyyyIf < 6 months prior to stdyend, auto-fill bb6mos as 95

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| <= 18 months prior to stdyend |

 | Enter the exact date if available. If the AMI discharge occurred from a community hospital, enter a date that is exact as possible.  |
| 7 | bb6mos | Was the patient on a beta-blocker continuously during the 6-month period immediately following the AMI discharge?1. yes
2. no
3. not applicable
4. patient refused beta blocker or was non-compliant
5. not documented/unable to determine
 | 1,2,95,98,99If dcfromi = 99/99/9999 or frstdcdt < 6 months prior to stdyend, will be auto-filled as 95  |  “On a beta-blocker during the six-month period” implies continuously on beta-blockers, although the specific medication may have been changed. (Example: patient was started on atenolol 8 months ago, but was switched to metoprolol succinate 3 months ago. The answer to “bb6mos” is “yes.”)If beta-blockers were discontinued during the six-month period, but restarted at the most recent visit, answer “2.”Enter 98 if beta-blockers were prescribed, and the patient did not refuse at the time of prescription, but the patient did not take the medication, stopped it on his own, or took it only occasionally. Enter 99 only if patient was discharged from a private sector hospital and records are not available, or patient’s discharge occurred years in the past and data regarding beta-blocker post-discharge cannot be found.  |
| 8 | lvfdoc2 | Is there documentation in the medical record of the patient’s left ventricular systolic function (LVSF) /ejection fraction (EF)? | 1,2**If 2, auto-fill testdt as 99/99/9999, and lvefind as 95** | **Left Ventricular Systolic Function (LVSF) assessment:** diagnostic measure of left ventricular contractile performance/wall motion. Ejection fraction (EF) is an index of LVSF and reflects the proportion of blood ejected during each ventricular contraction compared with the total ventricular filling volume. EF may be recorded in quantitative (EF=30%) or qualitative (moderate left ventricular systolic dysfunction) terms.Tests used to determine LVSF/EF **=** echocardiogram, radionuclide ventriculography (MUGA, RNV, nuclear heart scan, nuclear gated blood pool scan), or cardiac cath with left ventriculogram (LV gram). BNP blood test is not equivalent to LVSF assessment. There is no time limit for documented ejection fraction. An EF evaluation done several years in the past and documented in the inpatient or outpatient record is acceptable.  |

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| **#** | **Name** | QUESTION | **Field Format** | **DEFINITIONS/DECISION RULES** |
| 9 | testdt | Enter the date of the most recent test for left ventricular systolic function (LVSF). | mm/dd/yyyyIf lvfdoc2 = 2, testdt will be auto-filled as 99/99/9999**If lvfdoc2 = 1, but no test date available, abstractor can enter 99/99/9999**

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| Warning if > 5 years prior to stdybeg, and hard edit < = stdyend |

 | **The intent of the question is to capture the date of the test, not the date of documentation in the record**.Enter a date that is as specific as possible. If only the year is available, use 01/01/yyyy. Information may have to be extrapolated from notes such as “patient’s EF three years ago was 45,” etc.**If the patient’s LVSF is documented but the date of the test cannot be found, enter 99/99/9999 default date.** |

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| 10 | lvefind | Is the most recent left ventricular systolic function documented either as an ejection fraction (EF) less than 40% or narrative description consistent with moderate or severe systolic dysfunction (LVSD)?1. yes
2. no
3. not applicable
 | 1,2,95If lvfdoc2 = 2, will be auto-filled as 95 If lvfdoc2 = 1, 95 cannot be entered

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| **If 1, go to lvsfdoc in CHF Module****If 1, auto-fill testdt as same in CHF module****If 2 or 95, go to Shared Data Module** |

 | **LVSD: impairment of LV contractile performance/wall motion/systolic function. Use the most recent description of EF/LVSF/LVSD found. EF < 40% select “1”; EF ≥ 40% select “2”.****Guidelines for prioritizing EF/LVSF/LVSD documentation:****1) LVSF assessment test report findings take precedence over findings documented in other sources (e.g. progress notes)** **2) Final report findings take priority over preliminary findings. Assume findings are final unless labeled as preliminary.** **3) Conclusion (impression, interpretation, or final diagnosis) section of the report takes priority over other sections.****Priority order for conflicting documentation when there are 2 or more different descriptions of EF/LVSF:**1)Use the lowest calculated EF (e.g. 30%) 2) Use lowest estimated EF. Estimated EFs often use descriptors such as “about,” “approximate,” or “appears.” (e.g. EF appears to be 35%). Estimated EF may be documented as a range (use mid-point) or less than or greater than a given number.3) Use worst narrative description WITH severity specified (e.g., LVD/LVSD described as marked, moderate, moderate-severe, severe, significant, substantial, or very severe; EF described as low, poor, or very low)4) Use narrative description WITHOUT severity specified (e.g., biventricular dysfunction, LVD, LVSD, systolic dysfunction, left ventricular systolic failure, LVF/LVSF/EF) described as abnormal, compromised, decreased, reduced.**Include:** * Any terms (biventricular dysfunction; LVD/LVSD/systolic dysfunction; diffuse, generalized or global hypokinesis; LV akinesis/ hypokinesis/dyskinesis; LV systolic failure) described as marked, moderate, moderate-severe, severe, significant, substantial, or very severe; **OR** where severity is **NOT** specified
* biventricular heart failure described as moderate or severe
* **e**nd stage cardiomyopathy

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|  |  |  |  | **LVSD cont’d****Exclude**: 1) left ventricular dysfunction (LVD, LVSD, or any of the above terms) described as mild to moderate 2) diastolic dysfunction, failure, function, or impairment3) ventricular dysfunction, failure, or function NOT described as **left** ventricular4) any terms (see above) described using one of the following:* **negative qualifiers:** cannot exclude, cannot rule out, could be, may have, may have had, may indicate, possible, suggestive of, suspect, or suspicious, OR
* **negative modifiers**: borderline, insignificant, scant, slight, sub-clinical, subtle, trace, or trivial

Computer will auto-fill 95 if LVFDOC2 = 2.  |