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| **[Link to Mnemonics and Questions](https://secure.wvmi.org/QUESTIONS/Specifications/Mnemonics%20and%20Questions/fy2022q2/MnemonicQuestions2q22.xlsx)** | | | | |
| **If selmi = -1, go to amidc; else if selmi <> -1, go to othamidx** | | | | |
| 1 | othamidx | During the time frame from (computer to display stdybeg – 2 years to stdybeg – 2 months), is there physician/APN/PA documentation the patient had an acute myocardial infarction (AMI)?   1. Yes 2. No | 1,2  If 1, go to amidcdt; if 2 and selchf = -1, go to lvfdoc2; else go to end | * **The abstractor may determine the patient had an AMI during the specified time frame from physician/APN/PA documentation. Patient self-report is not acceptable.** * **The patient may have received treatment for the AMI at any VHA or community acute care hospital.** * **Presence of the ICD-10 code is not an absolute requirement.**  |  |  | | --- | --- | | **ICD-10** | **Description** | | I21.01 | ST elevation (STEMI) myocardial infarction involving left main coronary artery | | I21.02 | ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery | | I21.09 | ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall | | I21.11 | ST elevation (STEMI) myocardial infarction involving right coronary artery | | I21.19 | ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall | | I21.21 | ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery | | I21.29 | ST elevation (STEMI) myocardial infarction involving other sites | | I21.3 | ST elevation (STEMI) myocardial infarction of unspecified site | | I21.4 | Non-ST elevation (NSTEMI) myocardial infarction | |
| 2 | amidc | Did the patient’s AMI occur during the time frame from (computer to display stdybeg – 2 years to stdyend)?  1. Yes  2. No | 1,2  If 2, go to lvfdoc2 | **All AMIs occurring greater than eight weeks before the qualifying visit are subject to inclusion in the CVD module.** |
| 3 | amidcdt | Enter the discharge date from the most recent hospitalization for acute myocardial infarction during the past 2 years. | mm/dd/yyyy  **If > 18 months prior to stdyend, auto-fill twormore as 95, frstdcdt as 99/99/9999, and go to bb6mos**   |  | | --- | | If amidc = 1, < = 2 years prior or = stdybeg and < = stdyend; else < = 2 years prior to or = 2 months prior to stdybeg | | If the AMI discharge occurred at a non-VHA facility, enter a date that is exact as possible. |
| 4 | twormore | Did the patient have more than one episode of acute myocardial infarction during the time frame from (computer to display stdybeg – 18 months to stdyend)?   1. Yes 2. No   95. Not applicable | 1,2,95  Will be auto-filled as 95 if amidcdt > 18 months prior to stdyend  If 2, auto-fill  frstdcdt as 99/99/9999 and go to bb6mos | 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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| 5 | frstdcdt | Enter the date of the discharge associated with the first episode of AMI within the last 18 months. | mm/dd/yyyy  If < 6 months prior to stdyend, auto-fill bb6mos as 95, rsnobeta as 95 and go to lvfdoc2   |  | | --- | | <= 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. | |
| 6 | bb6mos | Is there documentation in the medical record the patient was on a beta-blocker continuously during the timeframe from (computer to display most recent of amidcdt or frstdcdt + 179 days)?  **Examples of beta-blockers include, but are not limited to:**   * metoprolol succinate or tartrate * carvedilol * atenolol * nadolol * propranolol * combination of beta-blockers with other drugs   1. Yes  2. No   1. Not applicable | 1,2,95  If frstdcdt < 6 months prior to stdyend, will be auto-filled as 95  If 1 auto-fill rsnobeta as 95 and go to lvfdoc2 | “On a beta-blocker during the specified timeframe” 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.” | |
| 7 | rsnobeta | On (computer to display most recent of amidcdt or frstdcdt), does the record document any of the following reasons for not prescribing a beta-blocker?  1. Beta-blocker allergy  2. Bradycardia (heart rate less than 60 bpm)  95. Not applicable   1. Other reasons documented by a physician/APN/ PA or pharmacist for not prescribing a beta- blocker 2. Patient refusal of beta-blockers documented by physician/APN/PA or pharmacist   99. No documented reason | 1,2, 95,97,99  Will be auto-filled as 95 if bb6mos = 1 | **1. Beta-blocker (BB) allergy/sensitivity/intolerance:** documented **allergy/sensitivity/intolerance** counts regardless of type of reaction noted; allergy/sensitivity/intolerance to one BB is acceptable as allergy to all BBs. **EXCLUDE:** Allergy to BB eye drops (e.g., Cosopt).  **2. Bradycardia:** must be documented by a physician/APN/PA or pharmacist as the reason for non-use of a beta-blocker; however if record states “patient’s heart rate is consistently less than 60 bpm,” this is acceptable.  **97. Other reason(s) documented by a physician/APN/ PA or pharmacist may include but are not limited to:**   * Second or third degree AV block as documented on the ECG by a clinician or electronic interpretation. * Severely decompensated heart failure as a documented diagnosis by a physician/APN/PA * Documentation of any other reason by the physician/APN/PA or pharmacist must explicitly link the noted reason with non-prescription of a beta-blocker.   **98.** **Patient refusal:** Documentation by a physician/APN/PA or pharmacist that the patient refused beta-blocker medications or refused all medications is acceptable. Documentation that the patient refused BP medications is NOT acceptable. | |
| 8 | lvfdoc2 | Is there documentation in the medical record of the patient’s left ventricular systolic function (LVSF) /ejection fraction (EF)?  1. Yes  2. No | 1,2  **If 2, go to end** | **Suggested Data Sources:** Procedure notes, Imaging notes, Discharge Summaries; search for “echo”, “EF”, “LVEF”, “LVSF”  **Left Ventricular Systolic Function (LVSF) assessment:** diagnostic measure of left ventricular contractile performance/wall motion.   * Ejection fraction (**EF/LVEF**) is an index of LVSF. EF may be recorded in quantitative (EF=30%) or qualitative (moderate left ventricular systolic dysfunction) terms. * Tests used to determine LVSF/EF/LVEF: * Echocardiogram * Radionuclide ventriculography (MUGA, RNV, nuclear heart scan, nuclear gated blood pool scan) * Cardiac cath with left ventriculogram (LV gram) * Transesophageal echocardiogram (TEE)/Transthoracic echocardiogram (TTE) * 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. | |
| 9 | testdt | Enter the date of the most recent test for left ventricular systolic function (LVSF). | mm/dd/yyyy   |  | | --- | | 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. |
| 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 | 1,2 | | **LVSD: impairment of LV performance. EF is an index of LVSF. 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.  5. Disregard the following terminology when reviewing the record for documentation of LVSF/LVSD. If documented, continue reviewing for LVSF/LVSD inclusions outlined in the Inclusion lists,  o Diastolic dysfunction, failure, function, or impairment  o Ventricular dysfunction not described as left ventricular or systolic  o Ventricular failure not described as left ventricular or systolic  o Ventricular function not described as left ventricular or systolic  E.g., Impression section of echo report states only “diastolic dysfunction”. Findings section states “EF 35%”. Disregard “diastolic dysfunction” in the Impression section and answer “Yes” due to EF 35%.  **Cont’d next page** |
|  |  |  |  | | **LVSD cont’d**  **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 * end stage cardiomyopathy   **Exclude**:  1. left ventricular dysfunction (LVD, LVSD, or any of the above terms) described as mild to moderate  2. diastolic dysfunction, failure, function, or impairment  3. ventricular dysfunction, failure, or function NOT described as **left** ventricular  4. 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 |