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| [**Link to Mnemonics and Questions**](https://secure.wvmi.org/QUESTIONS/Specifications/Mnemonics%20and%20Questions/fy2023q4/MnemonicQuestions4q23.xlsx) | | | | |
| **If selmi = -1, go to amidc; if selmi <> -1 and selchf = -1, go to lvfdoc2; else go to end** | | | | |
| 1 | amidc | Did the patient’s acute myocardial infarction (AMI) occur during the timeframe from (computer to display stdybeg – 2 years to stdyend)?  1. Yes  2. No | 1, 2  If 2, auto-fill amidcdt as  99/99/9999, amidc2 as  95, amidcdt2 as  99/99/9999, bb6mos as  95, rsnobeta as 95, and  go to lvfdoc2 | **All AMIs occurring greater than eight weeks before the qualifying visit are subject to inclusion in the Cardiovascular Disease (CVD) module.** |
| 2 | amidcdt | Enter the discharge date from the most recent hospitalization for AMI during the past 2 years. | mm/dd/yyyy  If > 18 months prior to  stdybeg, auto-fill  amidc2 as 95, amidcdt2  as 99/99/9999, bb6mos  as 95, rsnobeta as 95,  and go to lvfdoc2  If = 18 months prior to  stdybeg, auto-fill  amidc2 as 95, amidcdt2 as 99/99/9999, go to  bb6mos  Will be auto-filled as  99/99/9999 if amidc=2   |  | | --- | | <= 2 years prior or = stdybeg and  <= stdyend | | If the AMI discharge occurred at a VHA facility, enter the discharge date of that encounter.  If the AMI discharge occurred at a non-VHA facility and outside records are not available, enter a discharge date that is exact as possible. |
| 3 | amidc2 | Did the patient have a previous AMI discharge during the timeframe from (computer display stdybeg – 18 months to amidcdt – 1 day)?  1. Yes  2. No  95. Not applicable | 1, 2, 95  If 2 and amidcdt < 180  days prior to stdybeg,  auto-fill amidcdt2 as  99/99/9999, bb6mos as  95, rsnobeta as 95 and  go to lvfdoc2;  else if 2 auto-fill amidcdt2 as 99/99/9999 and go to bb6mos  Will be auto-filled as 95 if amidc = 2 or amidcdt >= 18 months  prior to stdybeg | Look for documentation of a previous AMI discharge during the specified timeframe.  The AMI discharge may be from a VHA or non-VHA hospital.  If a previous AMI discharge occurred during the specified timeframe, enter value 1. |
| 4 | amidcdt2 | Enter the date of the discharge associated with the first episode of AMI during the timeframe from (computer to display stdybeg - 18 months to amidcdt - 1 day). | mm/dd/yyyy   |  | | --- | | < 18 months prior to stdybeg and > =1 day prior to amidcdt |   If < 180 days prior to  stdybeg, auto-fill  bb6mos as 95, rsnobeta  as 95 and go to lvfdoc2  Will be auto-filled as  99/99/9999 if amidc = 2  or amidcdt >= 18 months prior to stdybeg, or amidc2=2 | Enter the exact date of the discharge associated with the first episode of AMI during the timeframe displayed in the question.  If the AMI discharge occurred at a VHA facility, enter the discharge date of that encounter.  If the AMI discharge occurred at a non-VHA facility and outside records are not available, enter a date that is exact as possible. |

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| 5 | bb6mos | Is there documentation in the medical record the patient was on a beta-blocker continuously during the timeframe from (computer to display the earliest of amidcdt or amidcdt2 + 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  95. Not applicable | 1,2,95  If 1 auto-fill rsnobeta as 95 and go to lvfdoc2  Will be auto-filled as 95 if amidcdt > 18 months prior to stdybeg, amidc2 = 2, or amidcdt2 < 180 days prior to stdybeg | “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.” |

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| 6 | rsnobeta | On (computer to display the earliest of amidcdt or amidcdt2), 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  97. Other reasons documented by a  physician/ APN/PA or pharmacist for not  Prescribing a beta-blocker  99. No documented reason | 1, 2, 95, 97, 99  Will be auto-filled as  95 if amidcdt > 18  months prior to stdybeg, amidc2=2, amidcdt2 < 180 days prior to stdybeg, or  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 atrioventricular (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. Some examples include but are not limited to:   + Asthma   + Chronic Obstructive Pulmonary Disease (COPD)   + Obstructive chronic bronchitis   + Chronic respiratory conditions due to fumes and vapors   + Hypotension |

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| 7 | 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. |
| 8 | 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. |

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| 9 | 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 |