## **REVSTAT**

REVIEW STATUS (not abstracted)

- 0. Abstraction has not begun
- 1. Abstraction in progress
- 2. Abstraction completed w/o errors
- 3. TVG failure (exclusion)
- 4. Record contains missing required answers (error record)
- 5. Administrative exclusion from all measures

# APROCODE (Validation)

Enter the ICD-9-CM principal diagnosis code

# **DCDATE** (Validation)

Enter the date of discharge. (received on pull list and may not be modified)

## **ADMDT** (Validation)

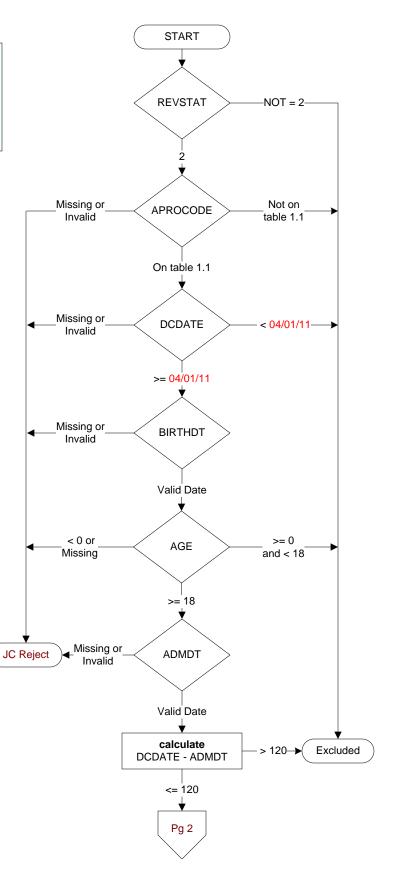
Enter the date the patient was formally admitted to inpatient status at this VAMC.

BIRTHDT (rcvd on pull list)

Patients date of birth.

## AGE

calculated field: ADMDT - BIRTHDT



# **CLNTRIAL** (Validation)

During this hospital stay, was the patient enrolled in a clinical trial in which patients with acute myocardial infarction (AMI) were being studied?

1 = Yes

2 = No

## TRANSIN2 (Validation)

Was the patient received as a transfer from inpatient, outpatient or emergency/observation department of another hospital OR from an ambulatory surgery center?

- Patient received as a transfer from an inpatient department of another hospital
- 2. Patient received as a transfer from an outpatient department of another hospital (excludes emergency/observation departments)
- 3. Patient received as a transfer from the emergency/observation department of another hospital
- 4. Patient received as a transfer from an ambulatory surgery center
- 99. None of the above or unable to determine from medical record documentation.

#### COMM1TX (Validation)

Did the patient present initially to a community hospital where he/ she received all or part of the first 24 hours of care for ACS?

1. yes

2. no

## **COMMINPT** (Validation)

Was the patient a transfer from a community hospital where he/she was an inpatient for ACS care?

1. yes

2. no

# INPTACS (Validation)

Was the veteran already a VAMC inpatient when ACS occurred?

1. yes

2. no

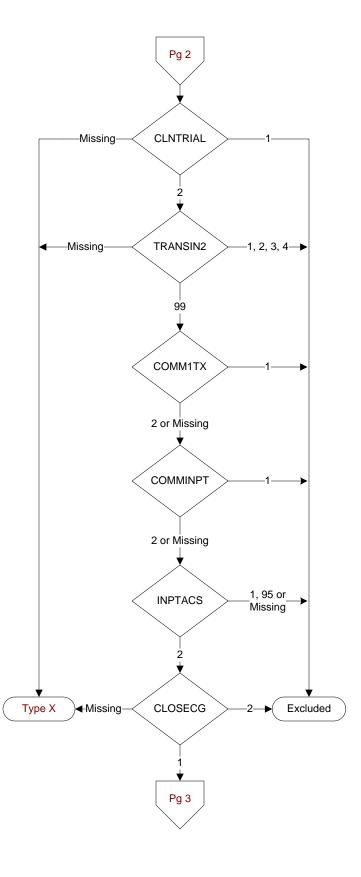
95. not applicable

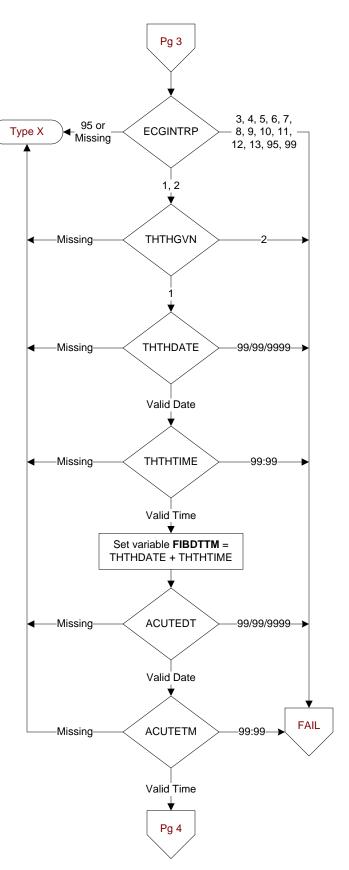
# **CLOSECG** (At presentation)

Is there documented interpretation of the 12-lead ECG performed closest to acute care hospital arrival?

1 = Yes

2 = No





## **ECGINTRP**(At presentation)

What were the specific findings from interpretation of the ECG performed closest to hospital arrival or a subsequent ECG if the first was non-diagnostic?

- 1. ST-segment elevation
- 2. Left bundle branch block (LBBB) (new or not known to be old)
- 3. LBBB described as old or chronic
- 4. ST-segment depression, old and/or unchanged
- 5. T wave inversion
- 6. Non-specific ST-segment and T wave changes
- 7. Normal ECG
- 8. Q waves
- 9. Right bundle branch block
- 10. Transient or dynamic ST-segment changes in association with rest angina
- 11. Sustained ventricular tachycardia runs and/or sustained ventricular tachycardia with hypotension
- 12. ST-segment depression, new or not known to be old
- 13. Documented NSTEMI, non ST-elevation MI
- 95. Not applicable
- 99. Interpretation not consistent with above terminology

# THTHGVN (revasc)

Was primary fibrinolytic therapy received during this episode of care?

- 1 = Yes
- 2 = No

## THTHDATE (revasc)

Enter the date primary fibrinolytic therapy was initiated during this hospital stay.

# THTHTIME (revasc)

Enter the time primary fibrinolytic therapy was initiated during this hospital stay.

# **ACUTEDT** (Validation)

Enter the earliest documented date the patient arrived at this or another VAMC.

#### **ACUTETM** (Validation)

Enter the earliest documented time the patient arrived at this or another VAMC.

