

**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)

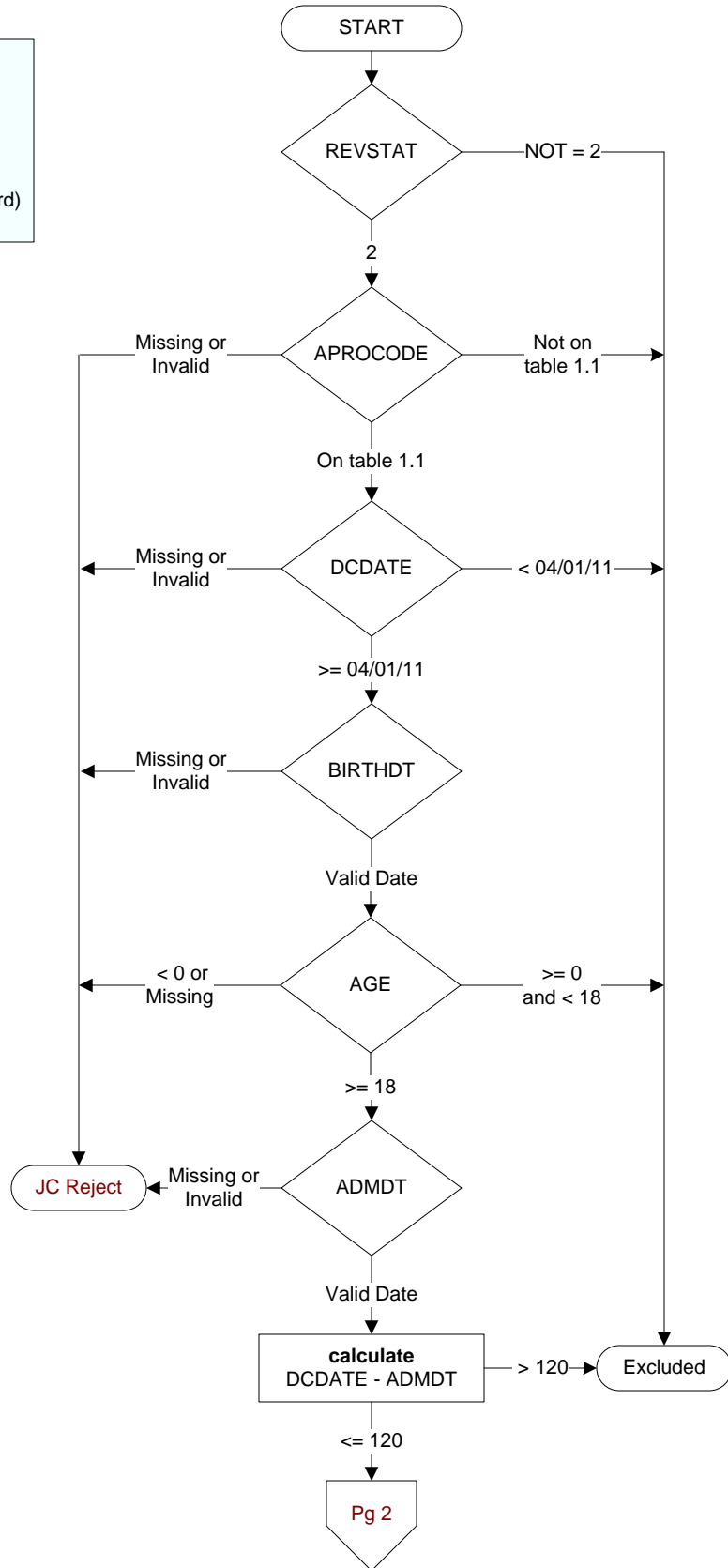
Enter the date the patient was formally admitted to inpatient status at this VAMC.

**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?

1. 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

**COMMINT** (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)

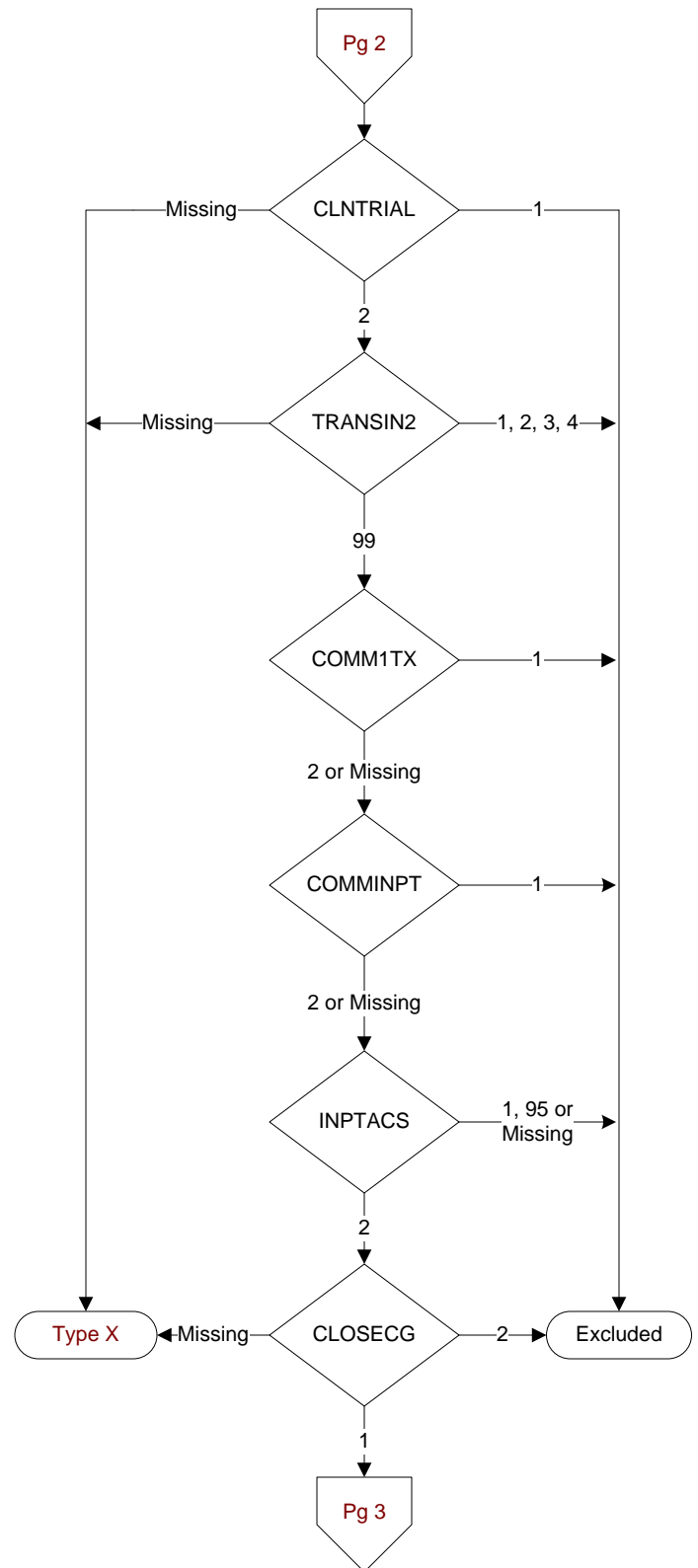
Was the veteran already a VAMC inpatient when ACS occurred?

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)

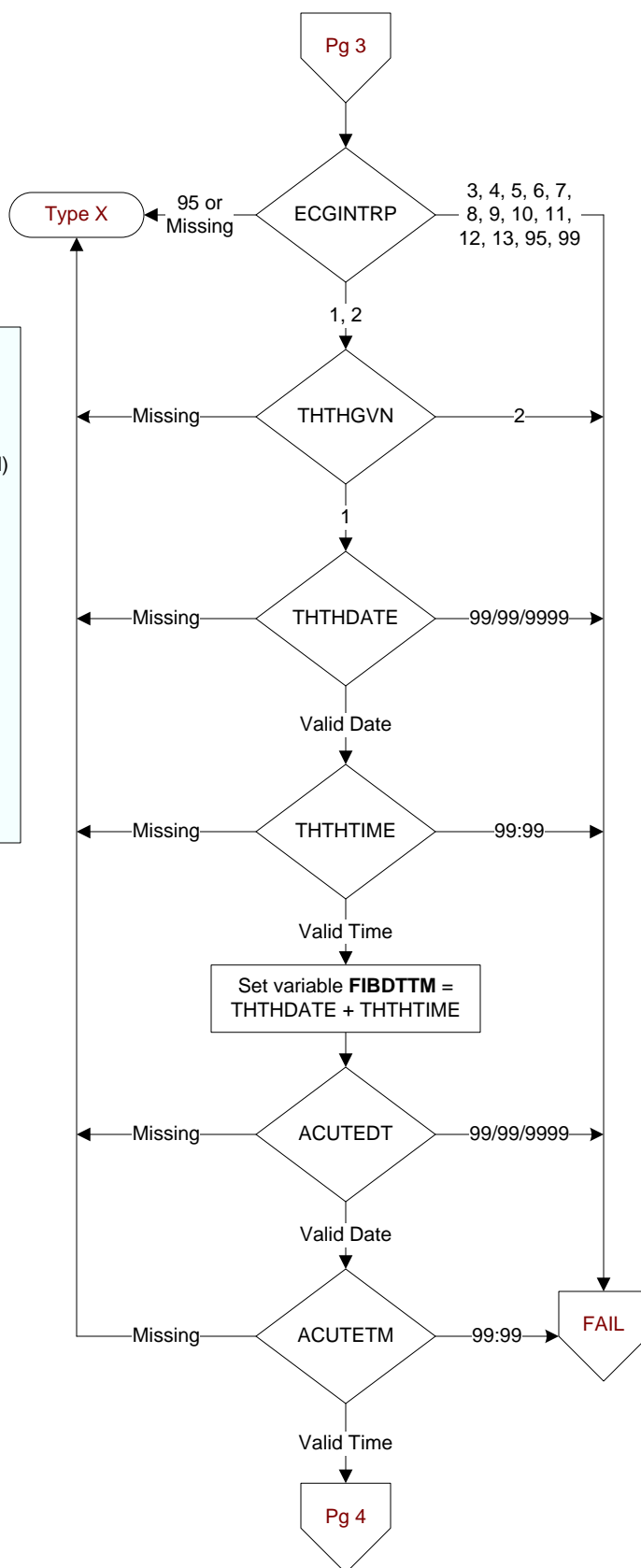
Enter the time primary fibrinolytic therapy was initiated during this hospital stay.

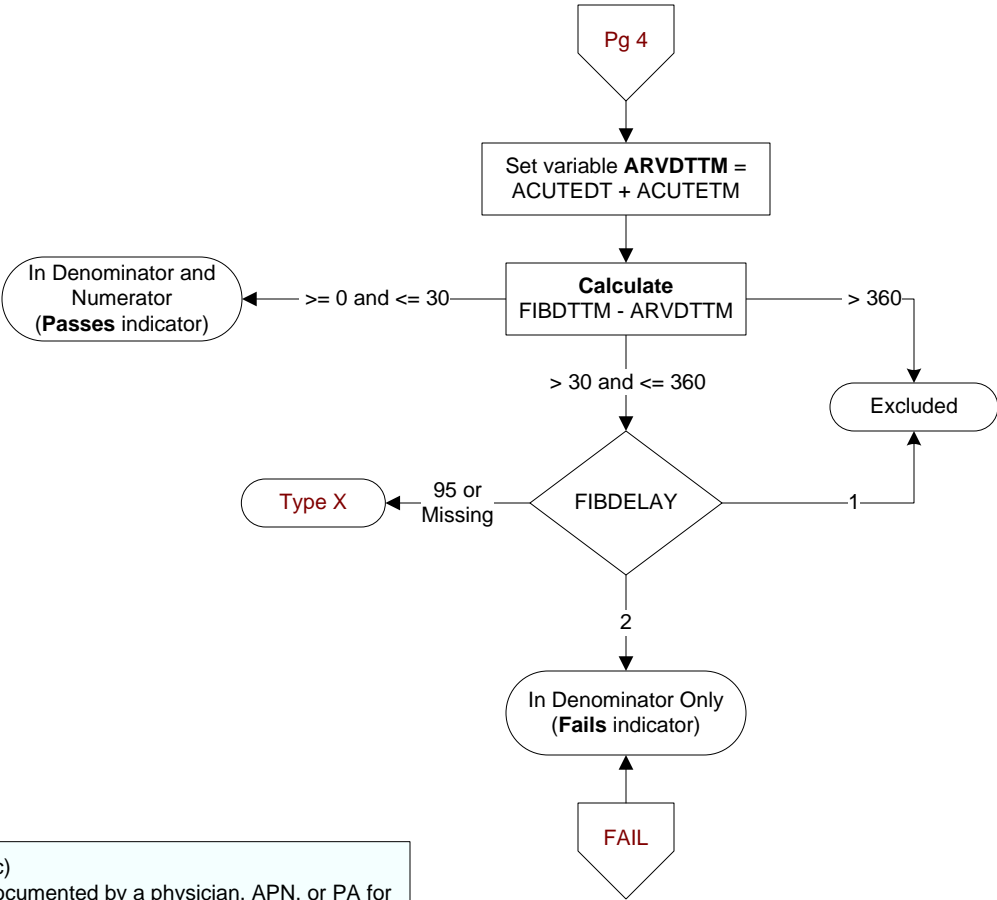
**ACUTEDT** (Validation)

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.





**FIBDELAY** (revasc)  
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