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)
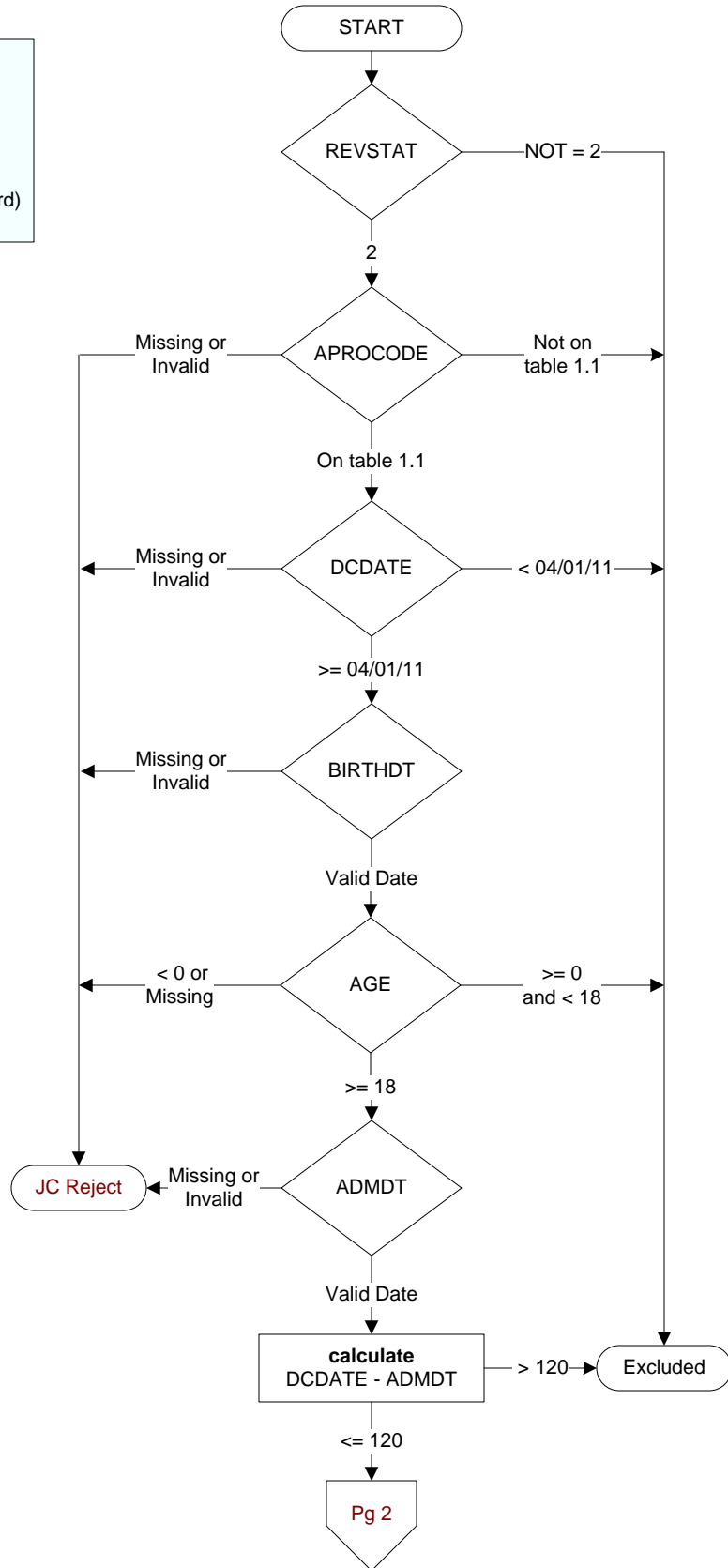
ADMDT (Validation)
Enter the date the patient was formally admitted to inpatient status at this VAMC.

BIRTHDT (rcvd on pull list)
Patients date of birth.

AGE
calculated field: ADMDT - BIRTHDT

START

REVSTAT → NOT = 2 →

2

APROCODE → Not on table 1.1 →
Missing or Invalid ←

On table 1.1

DCDATE → < 04/01/11 →
Missing or Invalid ←

>= 04/01/11

BIRTHDT
Missing or Invalid ←

Valid Date

AGE → >= 0 and < 18 →
< 0 or Missing ←

>= 18

ADMDT → Missing or Invalid → JC Reject

Valid Date

calculate DCDATE - ADMDT → > 120 → Excluded

<= 120

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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? (Includes AMI, STEMI, NSTEMI, or heart attack)
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.

INPTACS (Validation)
Was the veteran already a VAMC inpatient when ACS occurred?
1. yes
2. no
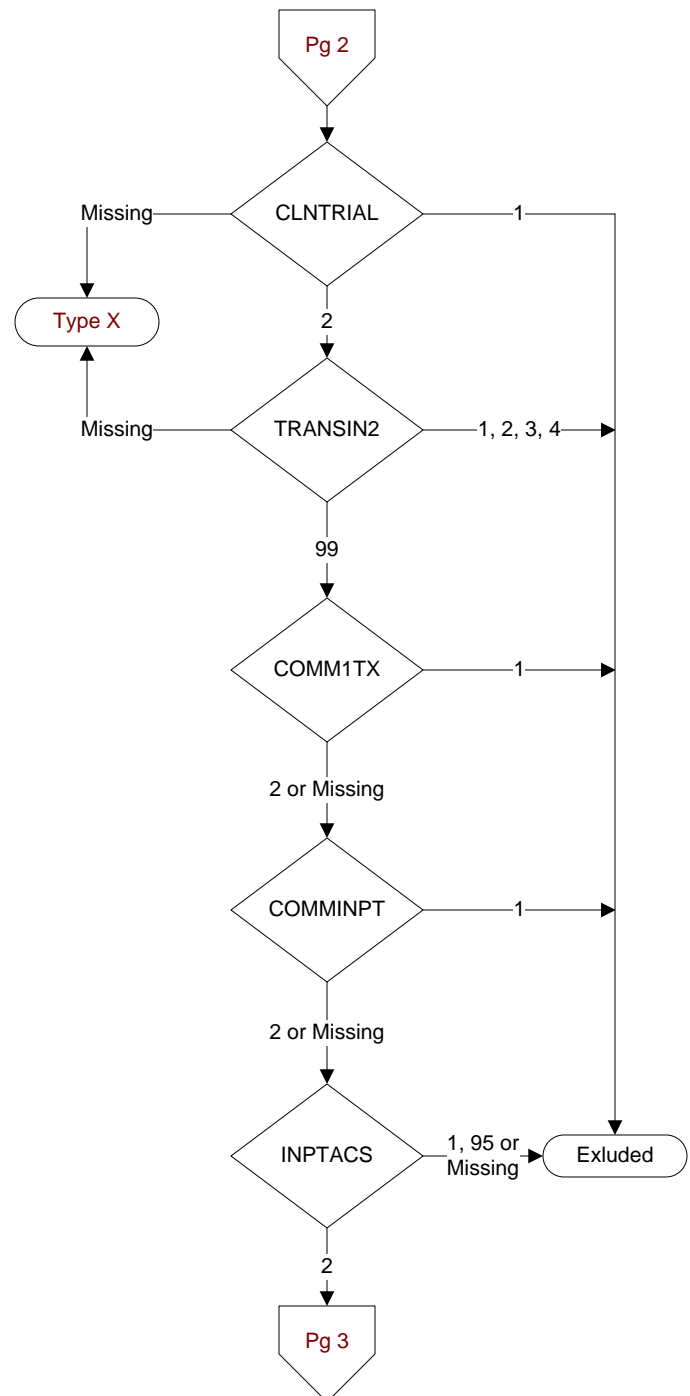95. not applicable

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?
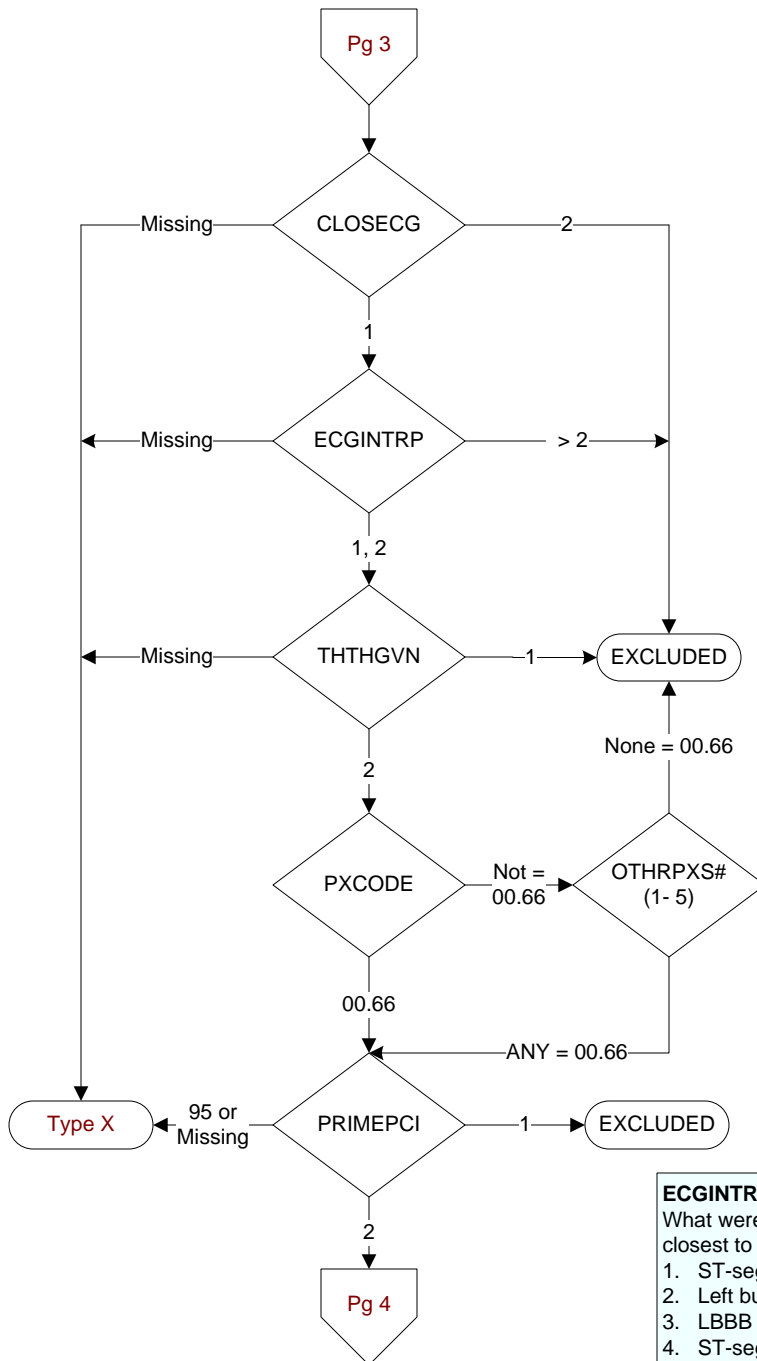1. yes
2. no

COMMINPT (Validation)
Was the patient a transfer from a community hospital where he/she was an inpatient for ACS care?
1. yes
2. no

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CLNTRIAL — Missing → Type X
CLNTRIAL — 1
CLNTRIAL — 2

TRANSIN2 — Missing → Type X
TRANSIN2 — 1, 2, 3, 4
TRANSIN2 — 99

COMM1TX — 1
COMM1TX — 2 or Missing

COMMINPT — 1
COMMINPT — 2 or Missing

INPTACS — 1, 95 or Missing → Exluded
INPTACS — 2

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Pg 3

CLOSECG
— Missing →
— 2 →

1

ECGINTRP
— Missing →
— > 2 →

1, 2

THTHGVN
— Missing →
— 1 → EXCLUDED

2

None = 00.66

PXCODE
— Not = 00.66 →
OTHRPXS# (1- 5)

00.66

ANY = 00.66

PRIMEPCI
— 95 or Missing → Type X
— 1 → EXCLUDED

2

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CLOSECG (At presentation)
Is there documented interpretation of the 12-lead ECG
performed closest to acute care hospital arrival?
1 = Yes
2 = No

THTHGVN (revasc)
Was primary fibrinolytic therapy received during this
episode of care?
1 = Yes
2 = No

PXCODE (Validation)
Enter the ICD-9-CM principal procedure code the
procedure was performed.

OTHRPXS1 - OTHRPXS5 (Validation)
Enter the ICD-9-CM other procedure codes the procedures
were performed

PRIMEPCI (revasc)
Did a physician, APN, or PA describe the first PCI as NOT
primary?
1. Yes
2. No
95. Not applicable

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

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PCIDATE (revasc)
What is the date associated with the time of the first PCI done after hospital arrival?

PCITIME (revasc)
What was the time of the first PCI done after hospital arrival?

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.

PCIDELAY (revasc)
Is there a reason documented by a physician, APN, or PA for a delay in doing the first PCI after arrival?
1. Yes
2. No
95. Not applicable

PCIDATE
— Missing
— 99/99/9999
Valid Date

PCITIME
— Missing
— 99:99
Valid Time

Set variable **PCIDTTM** = PCIDATE + PCITIME

ACUTEDT
— Missing
— 99/99/9999
Valid Date

ACUTETM
— Missing → Type X
— 99:99
Valid Time

Set variable **ARVDTTM** = ACUTEDT + ACUTETM

Calculate PCIDTTM - ARVDTTM
>= 0 & <= 90 → In Denominator and Numerator (**Passes** indicator)
< 0 or > 1440 → Excluded
>90 & <= 1440

PCIDELAY
95 or Missing → Type X
1 → (Excluded)
2

In Denominator Only (**Fails** indicator)

Fail