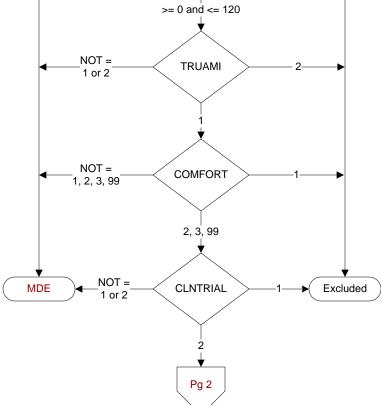
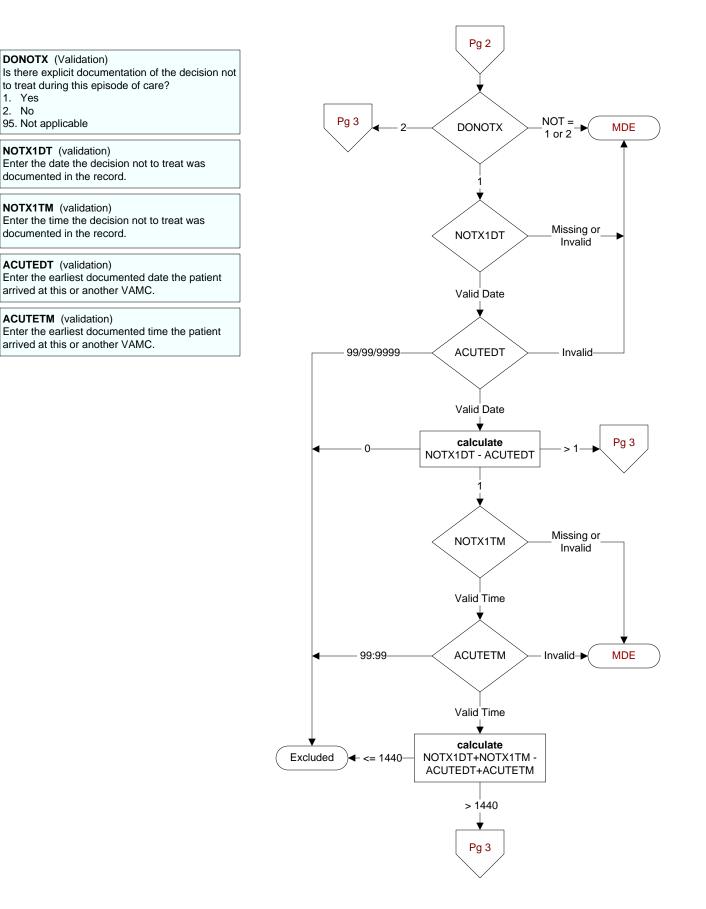
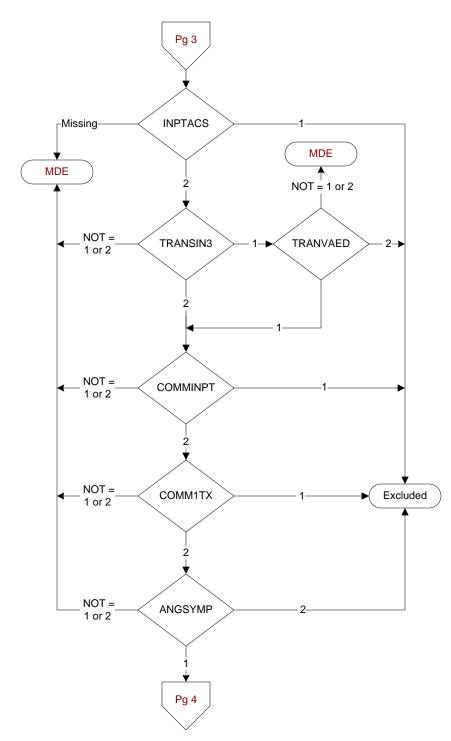
START REVSTAT NOT = 2-REVSTAT **REVIEW STATUS (not abstracted)** 0. Abstraction has not begun 1. Abstraction in progress Ż 2. Abstraction completed w/o errors 3. TVG failure (exclusion) 4. Record contains missing required answers (error record) Missing or 5. Administrative exclusion from all measures DCDATE < 01/01/14-Invalid **DCDATE** (Validation) Enter the date of discharge. (received on pull list and may not be modified) >= 01/01/14 **ADMDT** (Validation) Enter the date the patient was formally admitted to inpatient Missing or status at this VAMC. ADMDT Invalid TRUAMI (Validation) Is there evidence in the medical record that the patient had an acute myocardial infarction? Valid Date 1. Yes 2. No calculate > 120-0 DCDATE - ADMDT **COMFORT** (Validation) When is the earliest physician, APN, or PA documentation of comfort measures only? >= 0 and <= 120 1. Day of arrival (day 0) or day after arrival (day 1) 2. Two or more days after arrival (day 2 or greater) 3. Comfort measures only documented during hospital stay, but timingunclear NOT = TRUAMI 99. Comfort measures only was not documented by the 1 or 2 physician/APN/PA or unable to determine **CLNTRIAL** (Validation) Was the patient involved in a clinical trial for Acute Myocardial Infarction during this hospital stay? 1 = Yes2 = No

MDE = Missing or Invalid Data Exclusion (data error)







INPTACS (Validation) Was the veteran already a VAMC inpatient when ACS occurred? 1. yes 2. no 95. not applicable TRANSIN3 (Validation) Was the patient received as a transfer from an inpatient outpatient or emergency/observation

Was the patient received as a transfer from an inpatient, outpatient or emergency/observation department of an <u>outside</u> hospital or from an ambulatory surgery center? 1. Yes

2. No

TRANVAED (Validation)

Was the patient received from the emergency department of another VAMC? 1. Yes

1. Yes 2. No

95. Not applicable

COMMINPT (Validation)

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

1. Yes 2. No

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

ANGSYMP (At Presentation)

Within 24 hours prior to, or on arrival at the hospital, is there documentation that the veteran had any of the following angina symptoms? Angina symptoms include but are not limited to:

- chest or epigastric pain, or discomfort described as pressure, squeezing, burning, tightness, heaviness
- arm, shoulder, neck, jaw, throat or back pain described as above
- unexplained indigestion, nausea or vomiting
- dyspnea
- dizziness, lightheadedness
- fatigue, tiredness, weakness
- diaphoresis
- 1. Yes
- 2. No

