

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

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.

TRUAMI (Validation)

Is there evidence in the medical record that the patient had an acute myocardial infarction?

- 1. Yes
- 2. No

COMFORT (Validation)

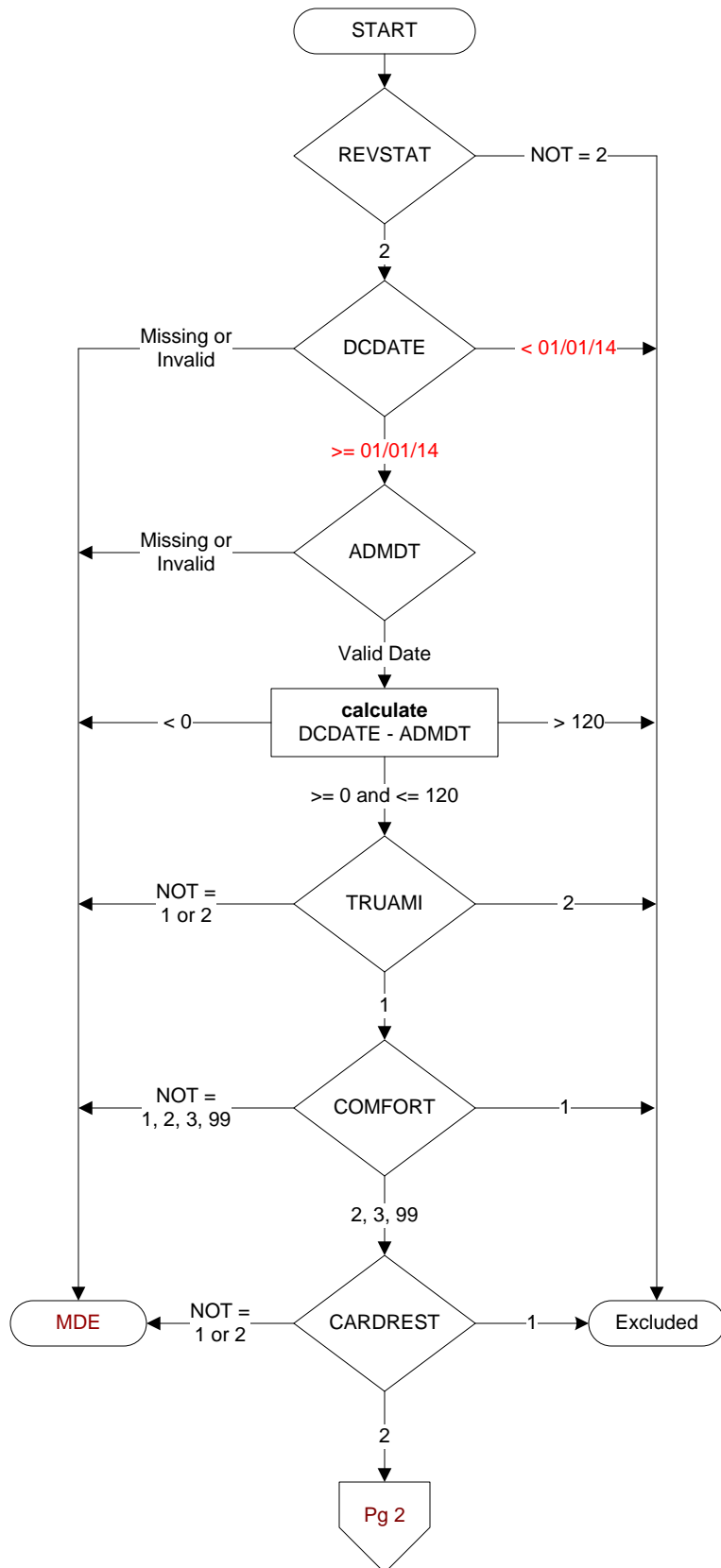
When is the earliest physician, APN, or PA documentation of comfort measures only?

- 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 timing unclear
- 99. Comfort measures only was not documented by the physician/APN/PA or unable to determine

CARDREST (Validation)At initial presentation to the hospital was the first cardiac symptom for this patient a cardiac arrest?

- 1 = Yes
- 2 = No

**MDE = Missing or
Invalid Data Exclusion
(data error)**



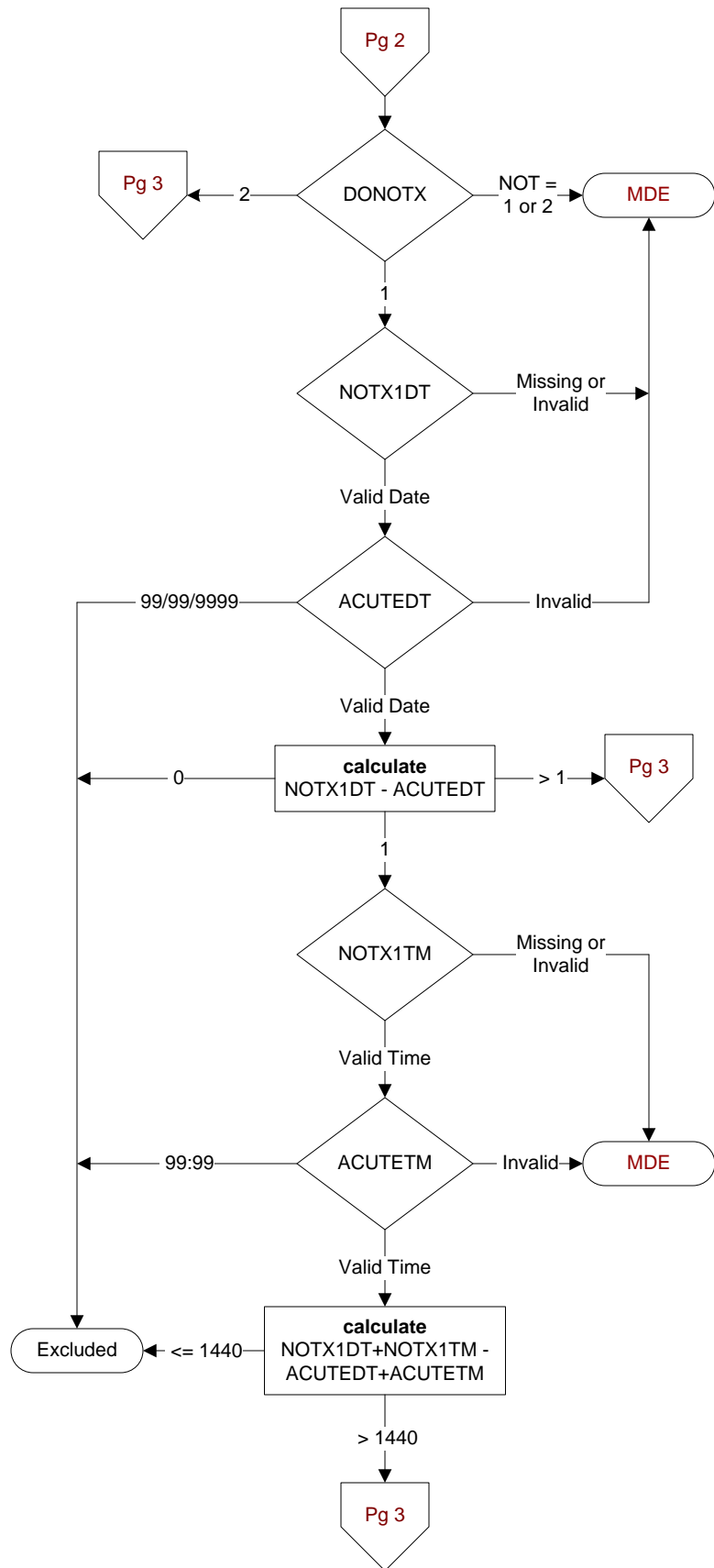
DONOTX (Validation)
Is there explicit documentation of the decision not to treat during this episode of care?
1. Yes
2. No
95. Not applicable

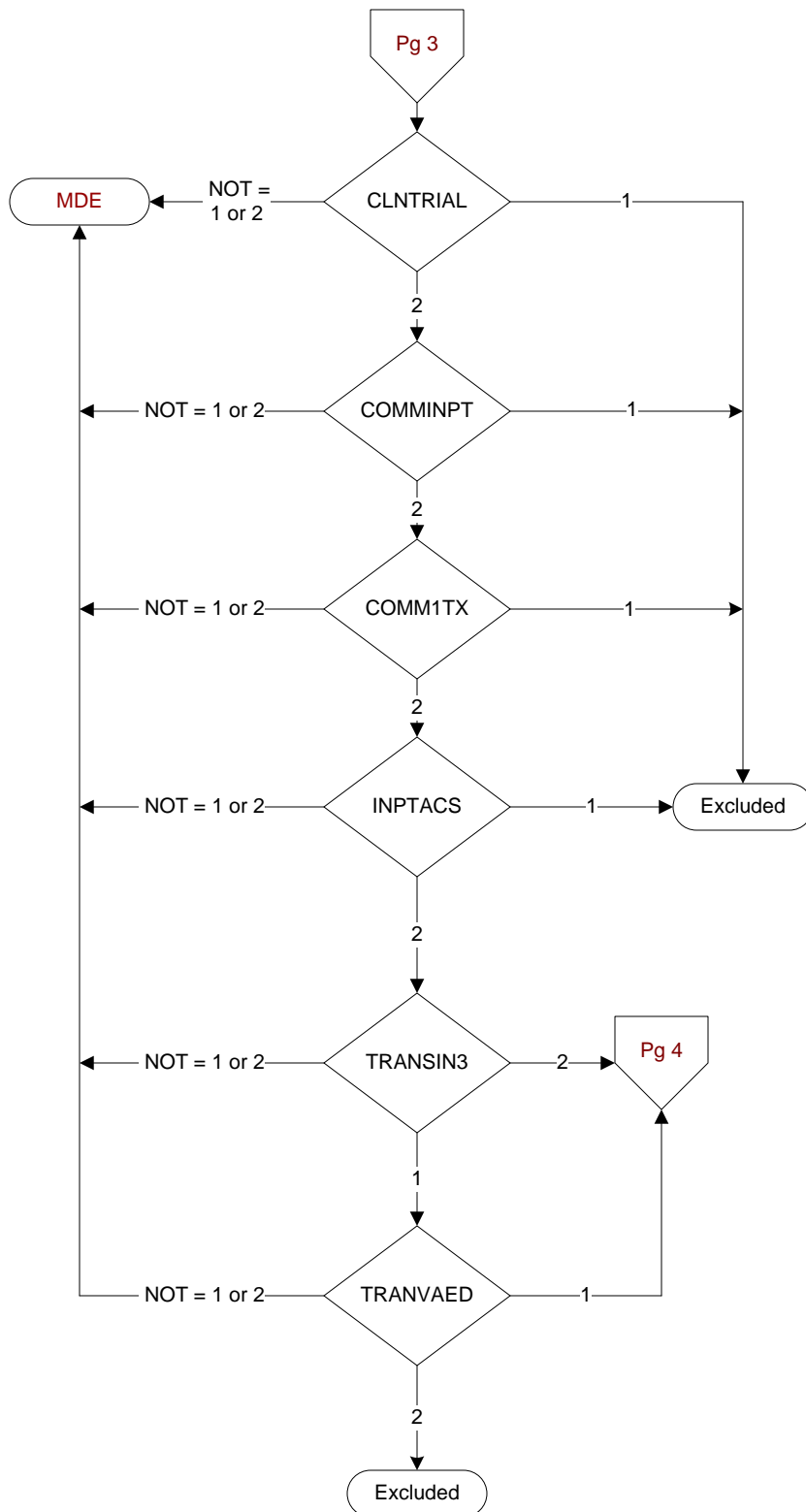
NOTX1DT (validation)
Enter the date the decision not to treat was documented in the record.

NOTX1TM (validation)
Enter the time the decision not to treat was documented in the record.

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.



**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

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

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 department of an outside 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
2. No
95. Not applicable

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

DOTROP (Hx & Assmnt)

Was a troponin level collected for this patient?

1. Yes
2. No

ENTRORD (Hx & Assmnt)

Enter the date the first troponin level was ordered.

TIMEORD (Hx & Assmnt)

Enter the time the first troponin level was ordered.

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.

