

**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)

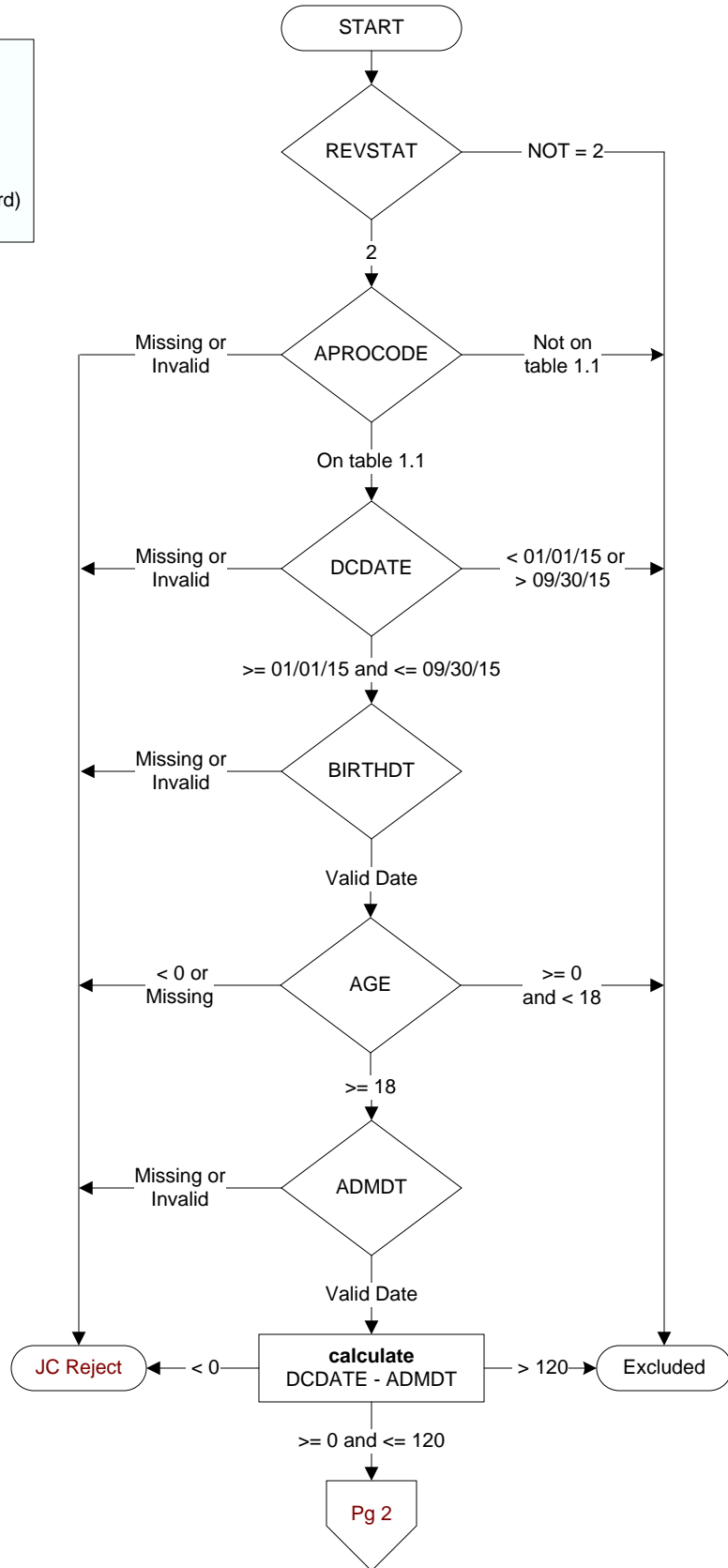
Enter the date the patient was formally admitted to inpatient status at this VAMC.

**BIRTHDT** (rcvd on pull list)

Patients date of birth.

**AGE**

calculated field: ADMDT - BIRTHDT



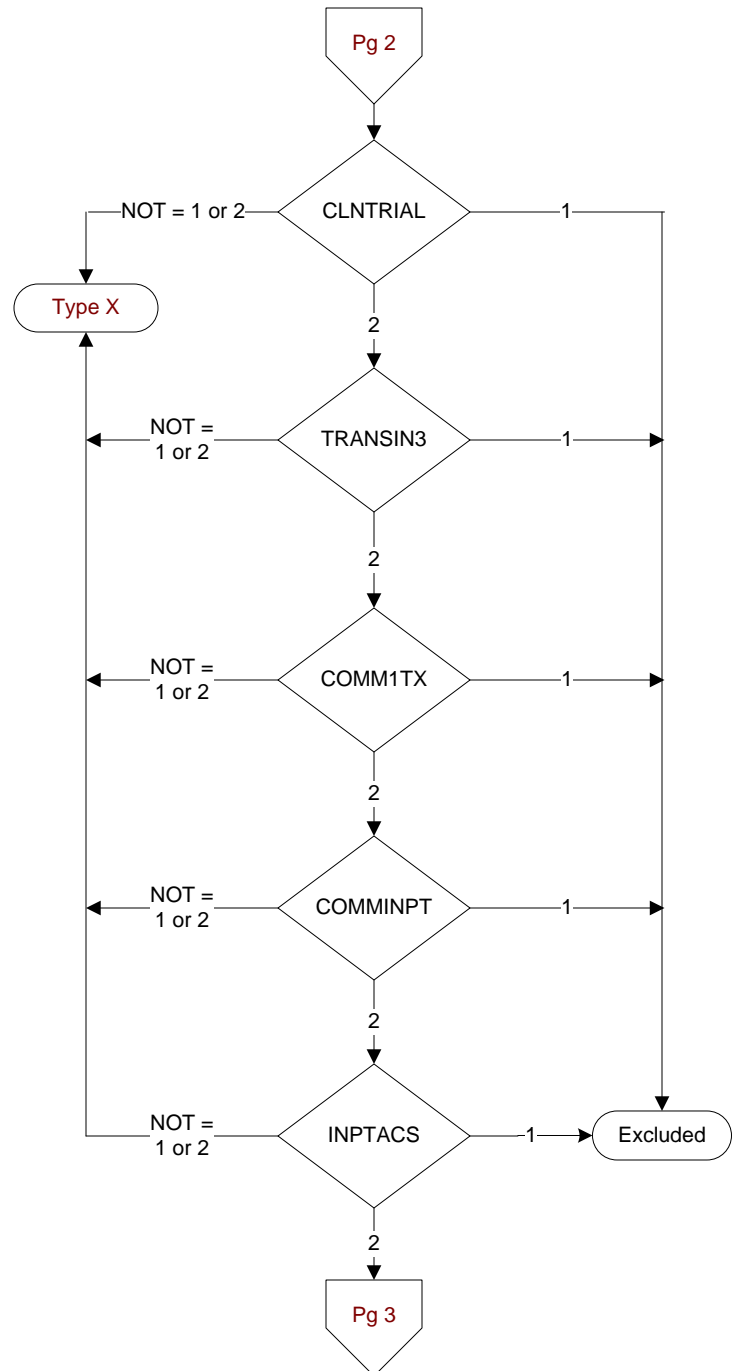
**CLNTRIAL** (Validation)  
 During this hospital stay, was the patient enrolled in a clinical trial in which patients with acute myocardial infarction (AMI) were being studied?  
 1 = Yes  
 2 = No

**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

**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



**ECGSTEMI** (At Presentation)

Is there documentation of ST-segment elevation on the ECG performed closest to hospital arrival?

**ST-segment Elevation Inclusion Guidelines**

- myocardial infarction (MI) with any mention of location or combinations of locations (e.g., anterior, apical, basal, inferior, lateral, posterior, or combination) IF DESCRIBED AS ACUTE/EVOLVING (e.g., "posterior AMI")
- Q wave MI, IF DESCRIBED AS ACUTE/EVOLVING
- ST ^
- ST, ST abnormality, or ST changes consistent with injury or acute/evolving MI
- ST-elevation (STE)
- ST-elevation myocardial infarction (STEMI)
- new or presumed new ST-segment noted as  $\geq .10\text{mV}$  or  $\geq 1\text{mm}$
- "STEMI or equivalent"
- Transmural MI, IF DESCRIBED AS ACUTE/EVOLVING

1. Yes

2. No

95. Not applicable

**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)

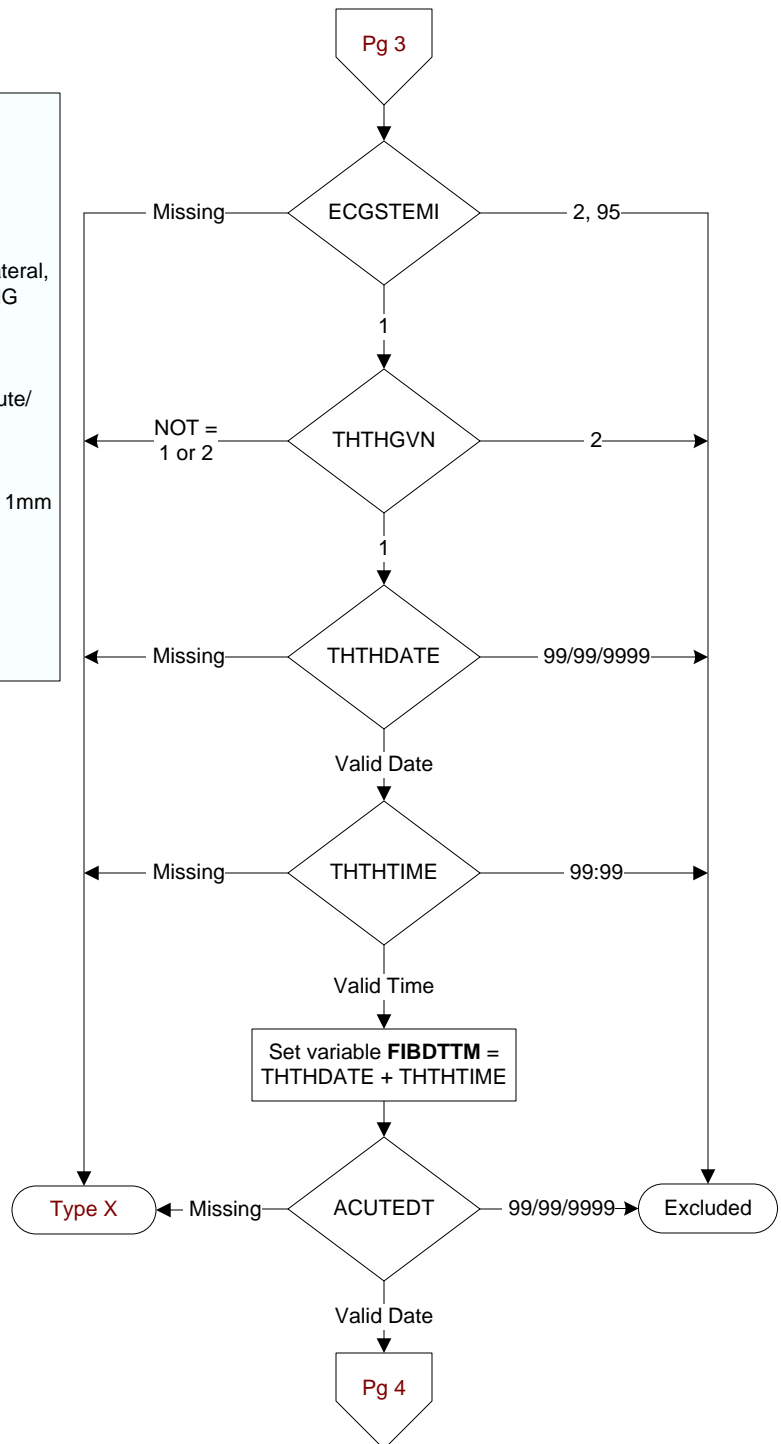
Enter the time primary fibrinolytic therapy was initiated during this hospital stay.

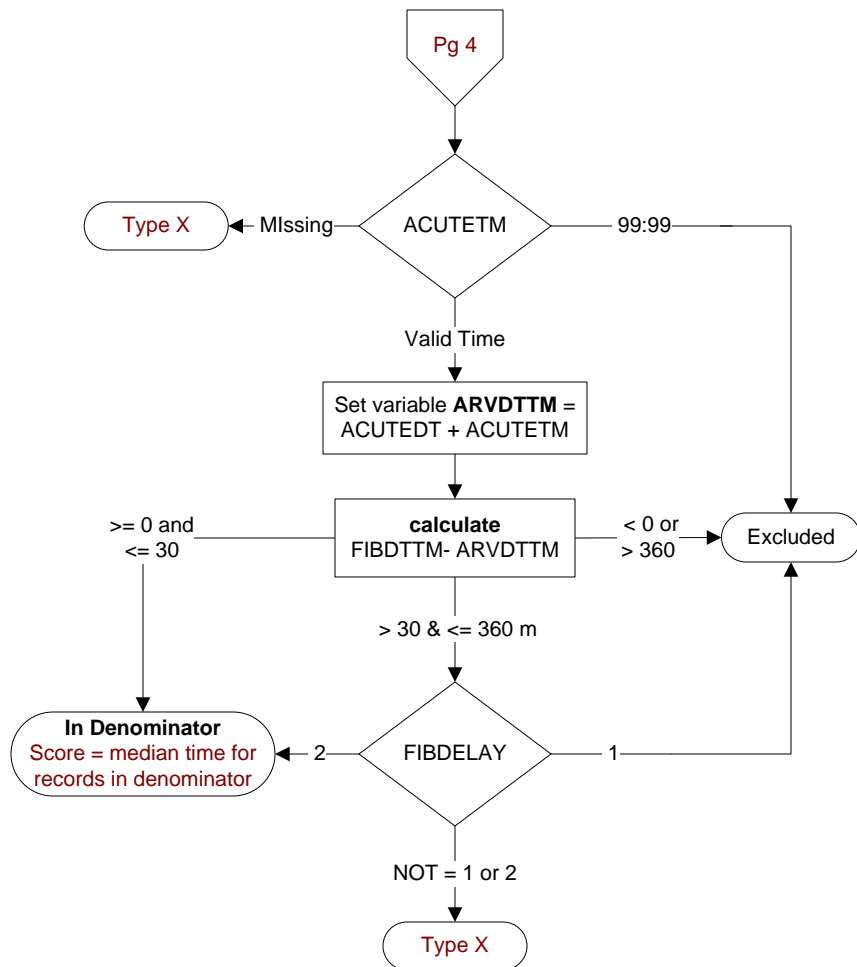
**ACUTEDT** (Validation)

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