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. (rcvd on pull list)

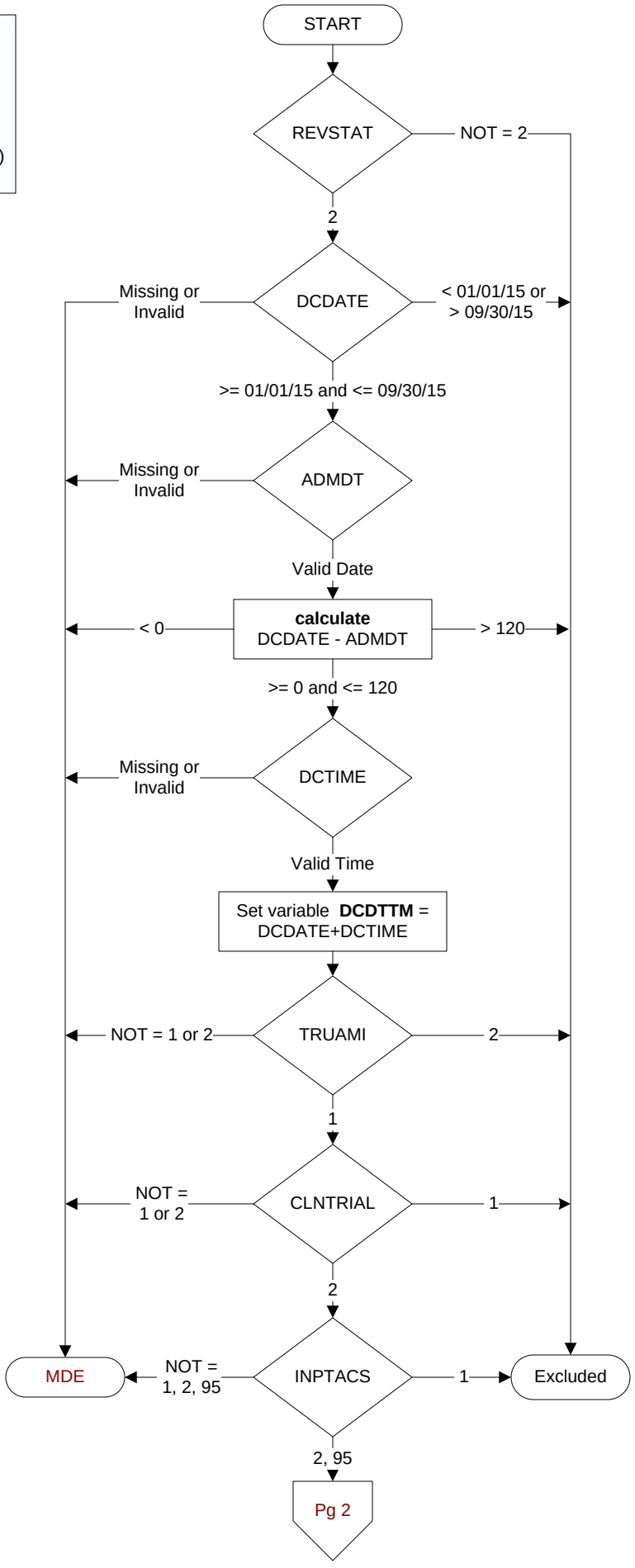
ADMDT (Validation)
Enter the date the patient was formally admitted to inpatient status at this VAMC.

TRUAMI (Validation)
Is there evidence in the medical record that the patient had an acute myocardial infarction?
1. Yes
2. No

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

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

MDE = Missing or Invalid Data Exclusion (data error)



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. 2 or more days after arrival (day 2 or greater)
3. Comfort measures only documented during hospital stay, but timing unclear

99. Not documented or unable to determine

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

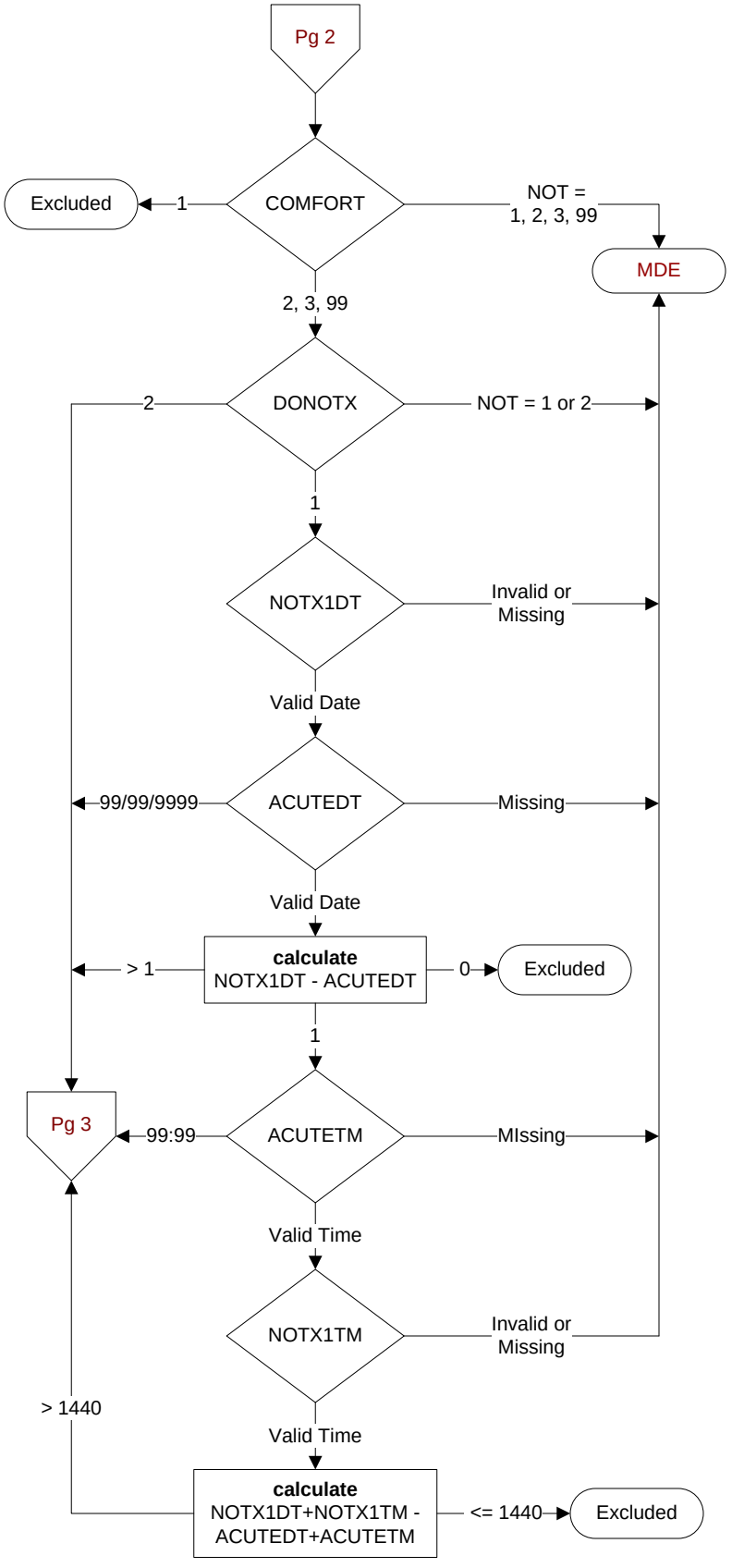
95. Not applicable

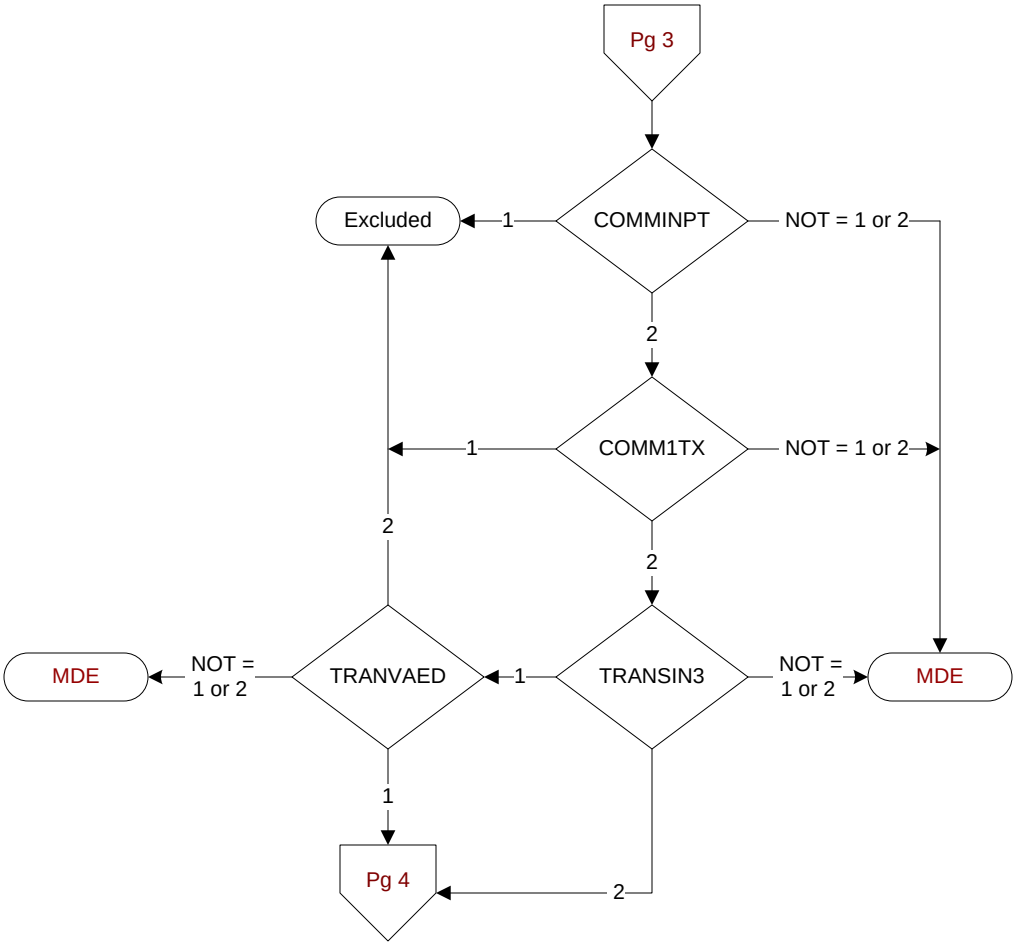
NOTX1DT (Validation)
Enter the date the decision not to treat was documented in the record.

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.



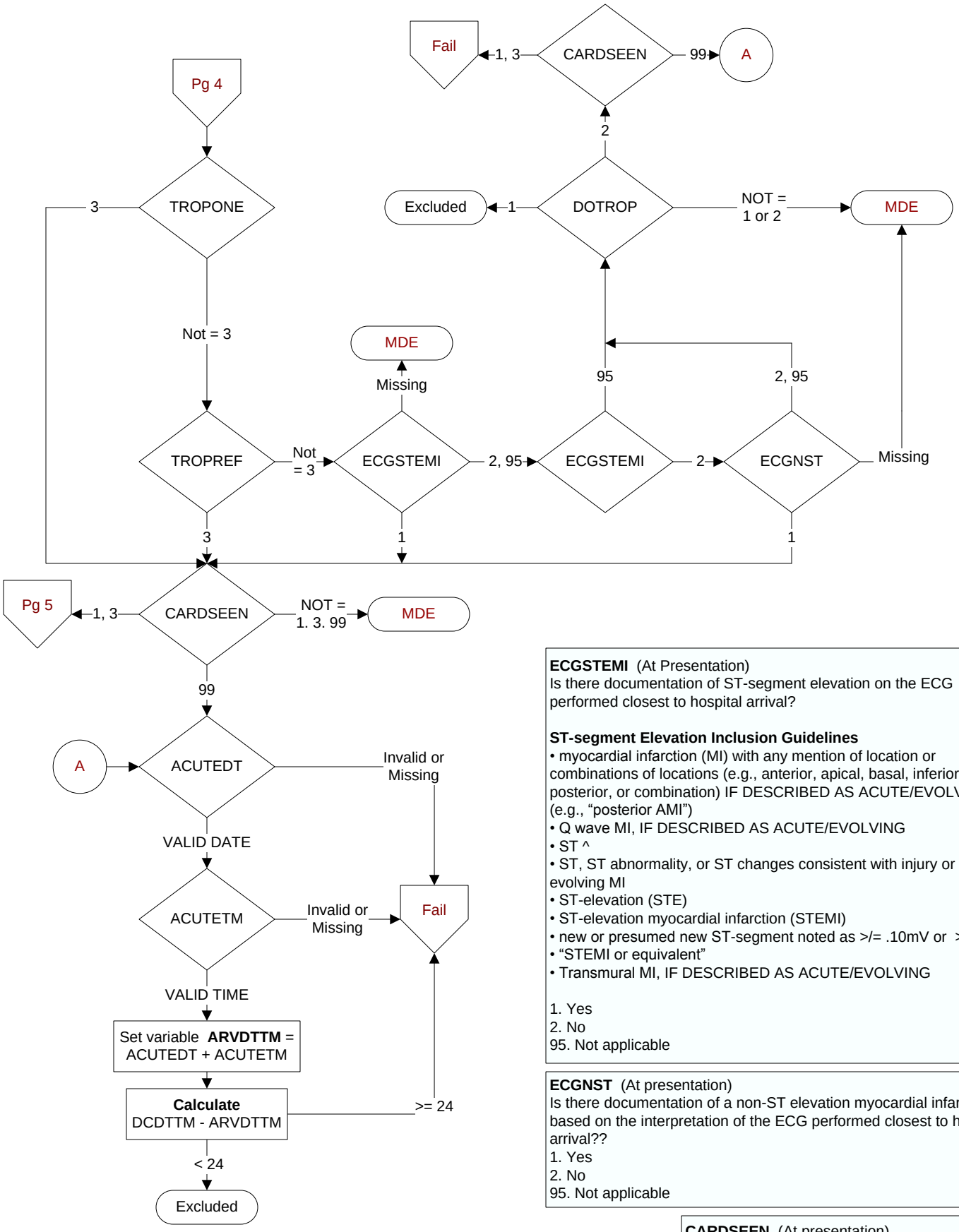


COMMINPT (Validation)
Was the patient a transfer from a community hospital where he/she was an inpatient for ACS care?
1. Yes
2. No

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

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



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 >/= .10mV or >/= 1mm
• “STEMI or equivalent”
• Transmural MI, IF DESCRIBED AS ACUTE/EVOLVING

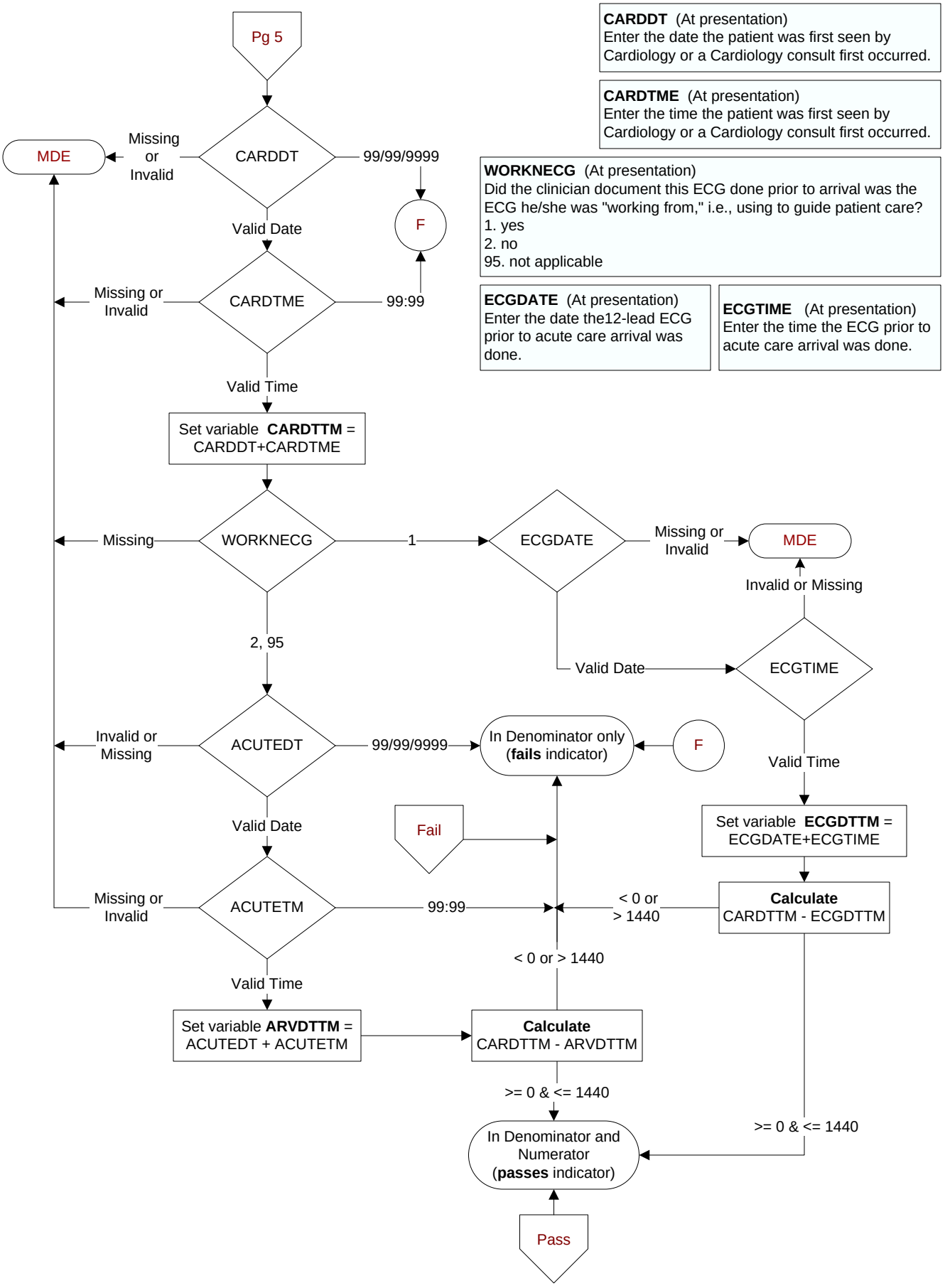
1. Yes
2. No
95. Not applicable

ECGNST (At presentation)
Is there documentation of a non-ST elevation myocardial infarction based on the interpretation of the ECG performed closest to hospital arrival??
1. Yes
2. No
95. Not applicable

CARDSEEN (At presentation)
Was Cardiology involved in the care of the patient?
1. A cardiologist was the attending physician
3. A cardiologist was consulted in person, by telephone, or telemedicine
99. Cardiology not involved in the patient's care

TROPREF (Hx & Assmt)
Indicate whether the result of the highest/peak troponin level was positive or negative.
3. positive (greater than or equal to cutoff point)
4. negative (less than cutoff point)

TROPONE (Hx & Assmt)
indicate whether the result of the first troponin level was positive or negative.
3. positive (greater than or equal to cutoff point)
4. negative (less than cutoff point)


Pg 5
CARDDT
Missing or Invalid
MDE
99/99/9999
F
Valid Date
CARDTME
Missing or Invalid
99:99
Valid Time
Set variable **CARDTTM** = CARDDT+CARDTME
WORKNECG
Missing
1
2, 95
ECGDATE
Missing or Invalid
MDE
Invalid or Missing
Valid Date
ECGTIME
ACUTEDT
Invalid or Missing
99/99/9999
In Denominator only (**fails** indicator)
F
Valid Time
Set variable **ECGDTTM** = ECGDATE+ECGTIME
Valid Date
Fail
ACUTETM
Missing or Invalid
99:99
< 0 or > 1440
Calculate CARDTTM - ECGDTTM
< 0 or > 1440
Valid Time
Set variable **ARVDTTM** = ACUTEDT + ACUTETM
Calculate CARDTTM - ARVDTTM
>= 0 & <= 1440
>= 0 & <= 1440
In Denominator and Numerator (**passes** indicator)
Pass
CARDDT (At presentation)
Enter the date the patient was first seen by Cardiology or a Cardiology consult first occurred.
CARDTME (At presentation)
Enter the time the patient was first seen by Cardiology or a Cardiology consult first occurred.
WORKNECG (At presentation)
Did the clinician document this ECG done prior to arrival was the ECG he/she was "working from," i.e., using to guide patient care?
1. yes
2. no
95. not applicable
ECGDATE (At presentation)
Enter the date the12-lead ECG prior to acute care arrival was done.
ECGTIME (At presentation)
Enter the time the ECG prior to acute care arrival was done.