

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)

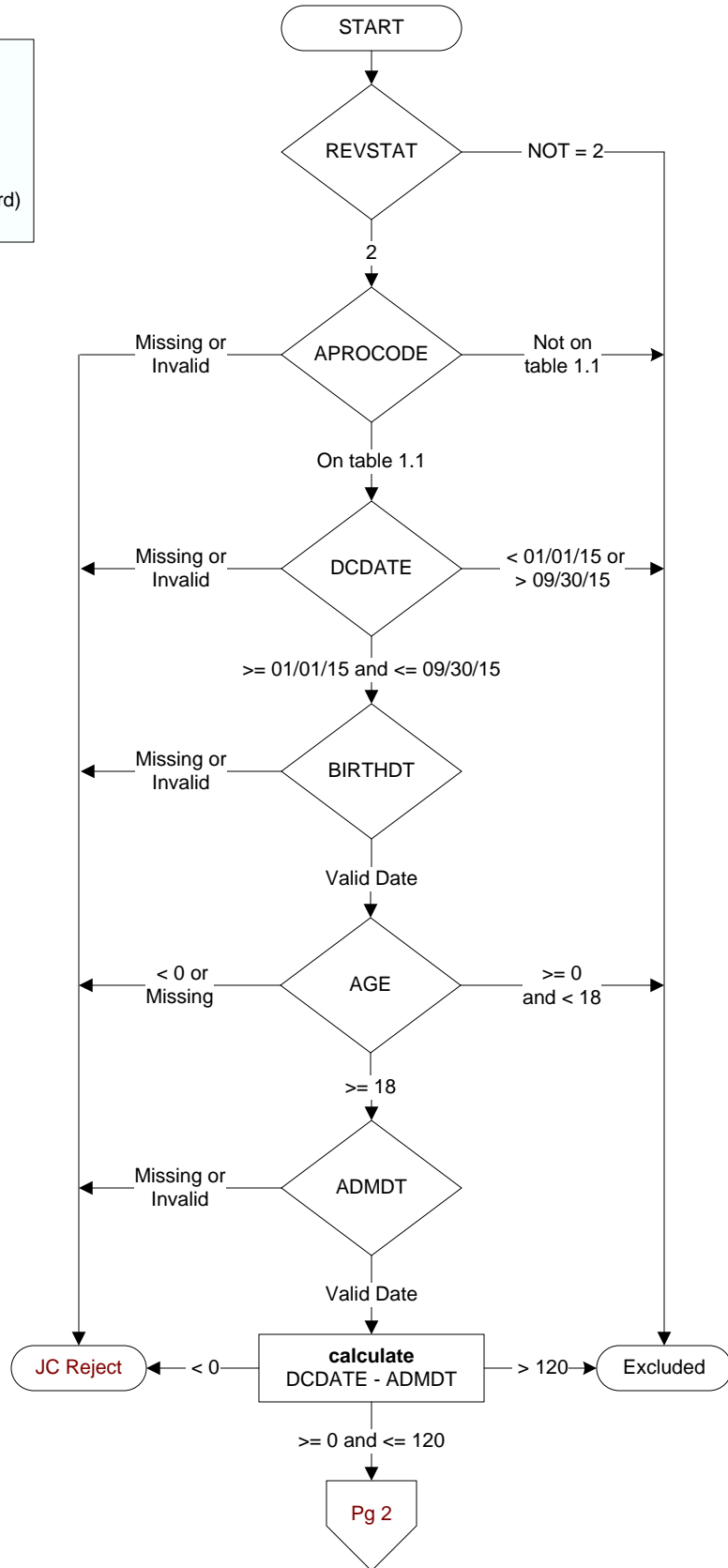
Enter the date the patient was formally admitted to inpatient status at this VAMC.

BIRTHDT (rcvd on pull list)

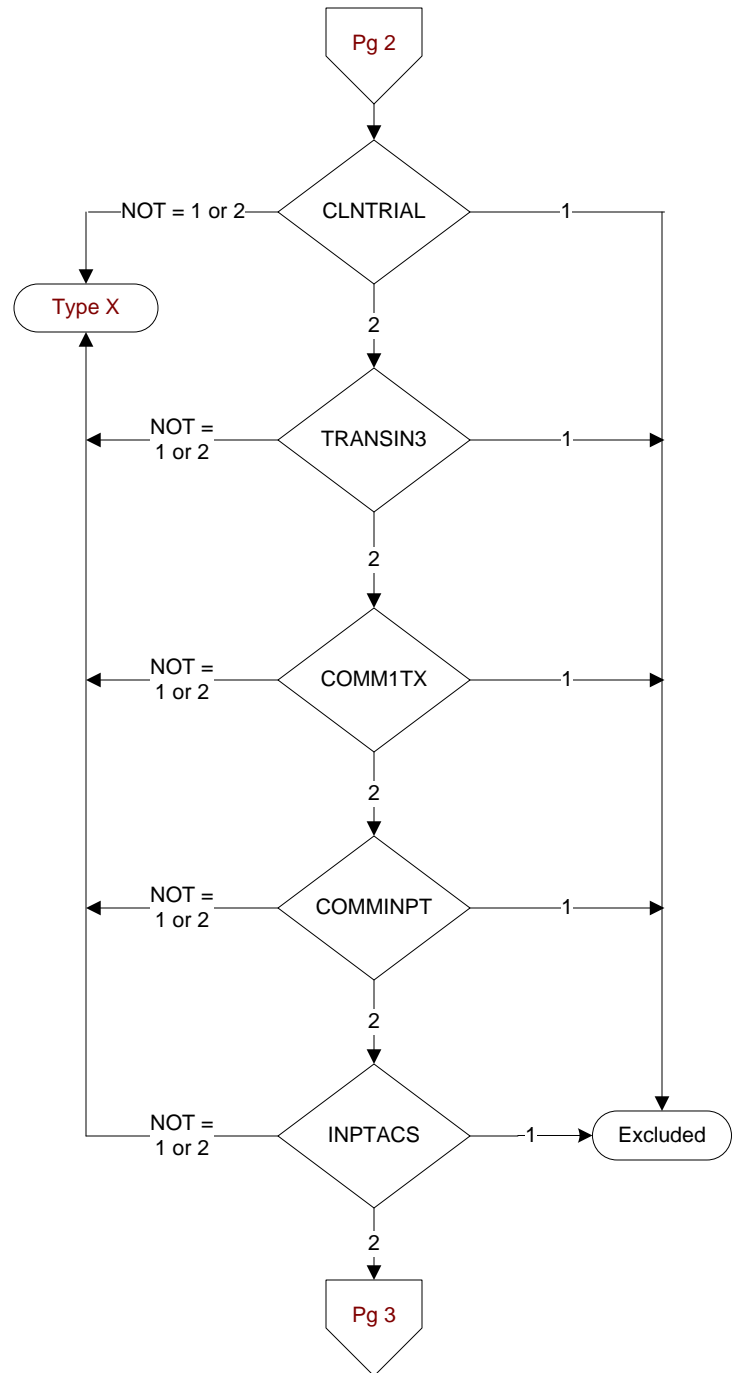
Patients date of birth.

AGE

calculated field: ADMDT - BIRTHDT



<p>CLNTRIAL (Validation)</p> <p>During this hospital stay, was the patient enrolled in a clinical trial in which patients with acute myocardial infarction (AMI) were being studied?</p> <p>1 = Yes 2 = No</p>
<p>TRANSIN3 (Validation)</p> <p>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?</p> <p>1. Yes 2. No</p>
<p>COMM1TX (Validation)</p> <p>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?</p> <p>1. yes 2. no</p>
<p>COMMINT (Validation)</p> <p>Was the patient a transfer from a community hospital where he/she was an inpatient for ACS care?</p> <p>1. yes 2. no</p>
<p>INPTACS (Validation)</p> <p>Was the veteran already a VAMC inpatient when ACS occurred?</p> <p>1. yes 2. no 95. not applicable</p>



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)

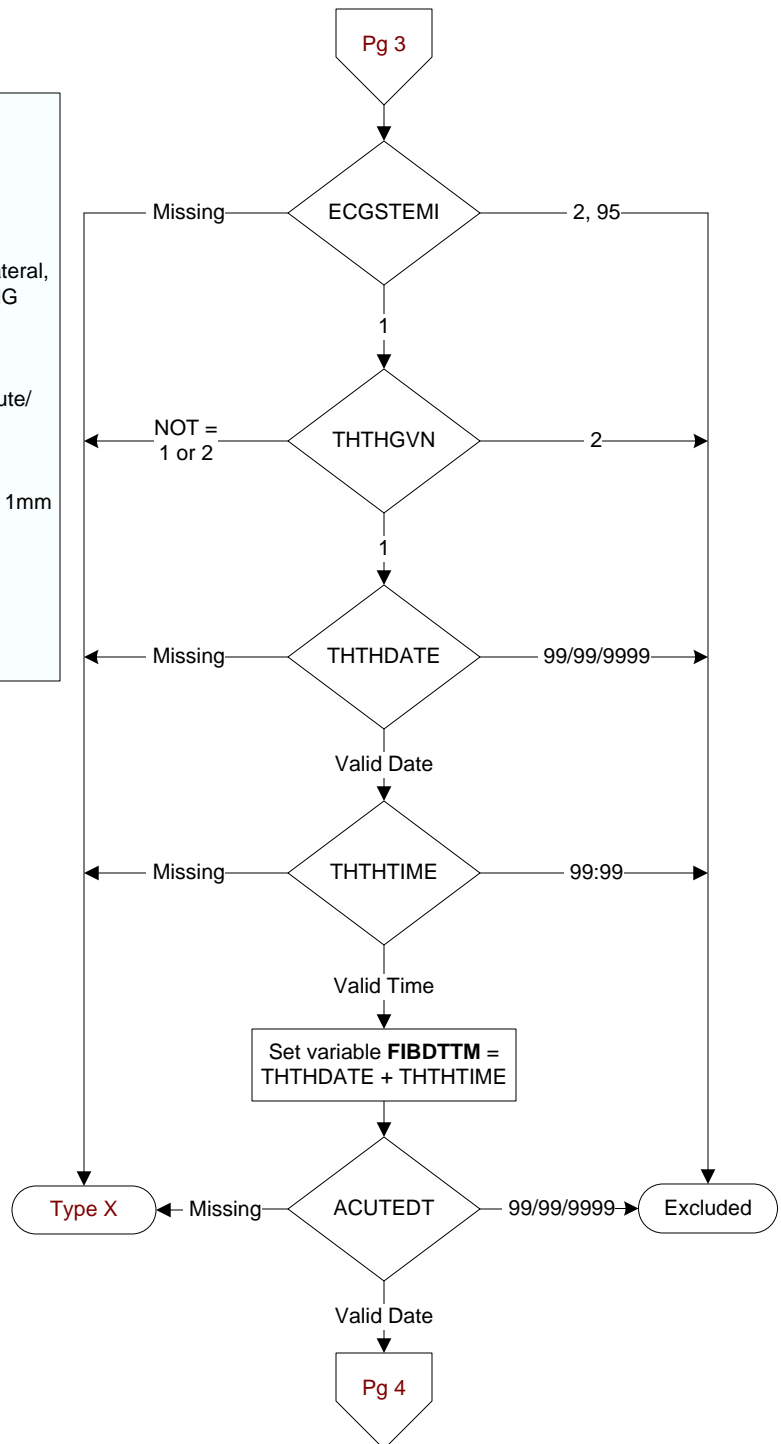
Enter the time primary fibrinolytic therapy was initiated during this hospital stay.

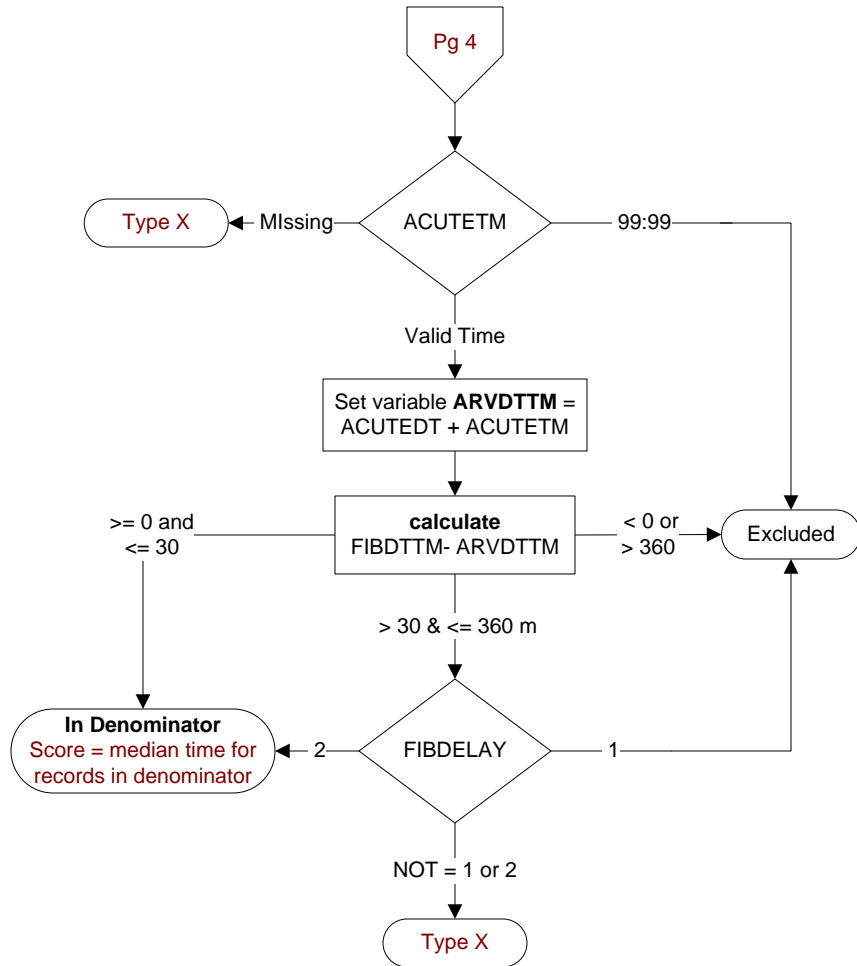
ACUTEDT (Validation)

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