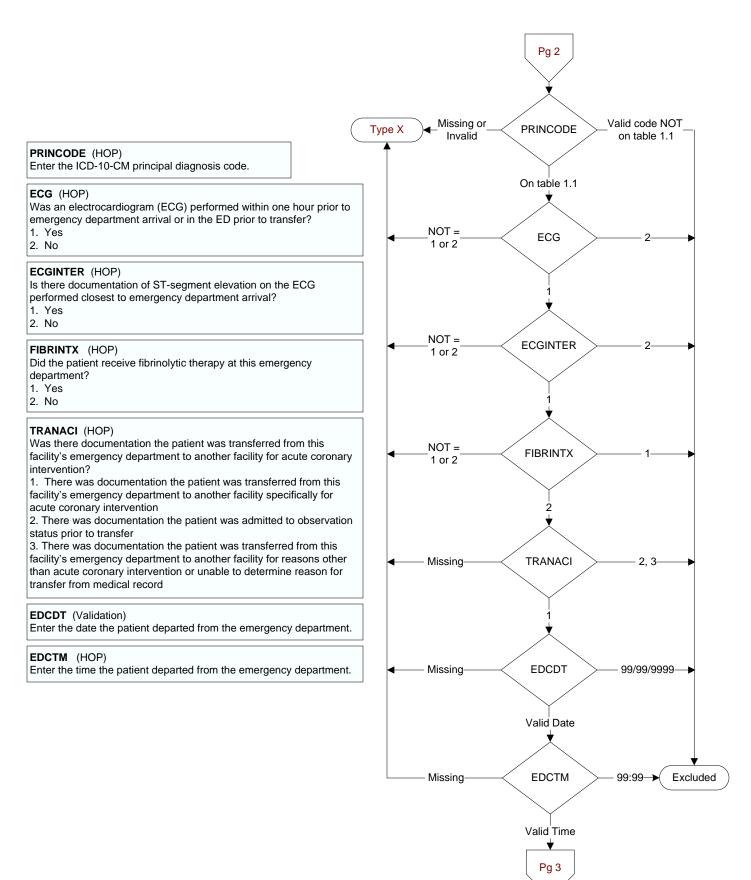
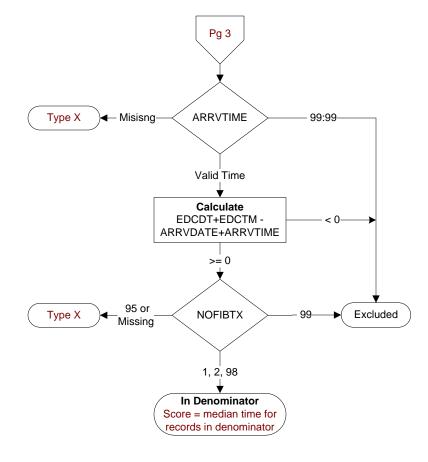


## HOP 4q20 – HOP3c – Median Time to Trnsfr to Another Facility for Acute Coronary Intervention -Quality Imprvmt Measure (OP-3c)





## ARRVTIME (HOP)

Enter the <u>earliest</u> documented time the patient arrived at the outpatient or emergency department at this VAMC.

## NOFIBTX (HOP)

Is there physician/APN/PA or pharmacist documentation of a

contraindication or reason for not administering fibrinolytic therapy? 1. Yes, physician/APN/PA or pharmacist documented reason for not administering fibrinolytic therapy

 Yes, physician/APN/PA documented the patient has a diagnosis of cardiogenic shock

95. Not applicable

98. Patient/caregiver refused fibrinolytic therapy

99. No documentation of reason for not administering fibrinolytic therapy or unable to determine