#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
1	pcidt	Enter the date of the most recent PCI done anywhere within the past two years.	mm/dd/yyyy **If selpci = <> 1, auto-fill 99/99/9999** < = 24 months prior or = stdybeg and < = stdyend	If patient had more than one episode of care in which a PCI was performed, enter the date of the most recent procedure. **Since PCI within the past two years was entered in SELPCI, an approximate month and the year of the procedure must be known. If the exact date of the procedure is known, enter the full date. Month and year must be entered at a minimum. Date may be extrapolated from medical record documentation such as "last fall," "eighteen months ago," etc.**
2	cabgdt	Enter the date of the most recent CABG done anywhere within the past two years.	mm/dd/yyyy **If selcabg = <> 1, auto-fill 99/99/9999** < = 24 months prior or = stdybeg and < = stdyend	**Since CABG within the past two years was entered in SELCABG, an approximate month and the year of the procedure must be known. If the exact date of the procedure is known, enter the full date. Month and year must be entered at a minimum. Date may be extrapolated from medical record documentation such as "last fall," "eighteen months ago," etc.**
		If selmi = -1, go to amidc		
3	amidc	Did the patient's AMI occur during the time frame from (computer to display stdybeg - 2 years to stdyend)? 1. Yes 2. No	1, 2 If 2, go to lvfdoc2	**All AMIs occurring greater than eight weeks before the qualifying visit are subject to inclusion in the IHD module.**
4	amidcdt	Enter the discharge date from the most recent hospitalization for acute myocardial infarction during the past 2 years.	mm/dd/yyyy **If > 18 months prior to stdyend, auto-fill twormore as 95, frstdcdt as 99/99/9999, and go to bb6mos** < = 2 years prior or = stdybeg and < = stdyend	If the AMI discharge occurred at a non-VHA facility, enter a date that is exact as possible.

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
5	twormore	Did the patient have more than one episode of acute myocardial infarction during the time frame from (computer to display stdybeg - 18 months to stdyend)? 1. Yes 2. No 95. Not applicable	1, 2, 95 Will be auto-filled as 95 if amidcdt > 18 months prior to stdyend If 2, auto-fill frstdcdt as 99/99/9999 and go to bb6mos	If the patient had more than one episode of AMI during the past 18 months resulting in more than one hospitalization, enter "1."
6	frstdcdt	Enter the date of the discharge associated with the <u>first</u> episode of AMI within the last 18 months.	mm/dd/yyyy If < 6 months prior to stdyend, auto-fill bb6mos as 95 and go to lvfdoc2 $\leq$ 18 months prior to stdyend	Enter the exact date if available. If the AMI discharge occurred from a community hospital, enter a date that is exact as possible.
7	bb6mos	Was the patient on a beta-blocker <u>continuously</u> during the 6-month period immediately following the AMI discharge? 1. yes 2. no 95. not applicable 98. patient refused beta blocker or was non-compliant 99. not documented/unable to determine	1, 2, 95, 98, 99 If frstdcdt < 6 months prior to stdyend, will be auto-filled as 95	"On a beta-blocker during the six-month period" implies continuously on beta-blockers, although the specific medication may have been changed. (Example: patient was started on atenolol 8 months ago, but was switched to metoprolol succinate 3 months ago. The answer to "bb6mos" is "yes.") If beta-blockers were discontinued during the six-month period, but restarted at the most recent visit, answer "2." Enter 98 if beta-blockers were prescribed, and the patient did not refuse at the time of prescription, but the patient did not take the medication, stopped it on his own, or took it only occasionally. Enter 99 if the patient was discharged from a private sector hospital and records are not available.

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
8	lvfdoc2	Is there documentation in the medical record of the patient's left ventricular systolic function (LVSF) /ejection fraction (EF)?	1, 2 **If 2, auto-fill testdt as 99/99/9999, and lvefind as 95**	**Left Ventricular Systolic Function (LVSF) assessment:** diagnostic measure of left ventricular contractile performance/wall motion. Ejection fraction (EF) is an index of LVSF and reflects the proportion of blood ejected during each ventricular contraction compared with the total ventricular filling volume. EF may be recorded in quantitative (EF=30%) or qualitative (moderate left ventricular systolic dysfunction) terms. Tests used to determine LVSF/EF = echocardiogram, radionuclide ventriculography (MUGA, RNV, nuclear heart scan, nuclear gated blood pool scan), or cardiac cath with left ventriculogram (LV gram). BNP blood test is not equivalent to LVSF assessment. There is no time limit for documented ejection fraction. An EF evaluation done several years in the past and documented in the inpatient or outpatient record is acceptable.
9	testdt	Enter the date of the most recent test for left ventricular systolic function (LVSF).	mm/dd/yyyy If lvfdoc2 = 2, testdt will be auto-filled as 99/99/9999 **If lvfdoc2 = 1, but no test date available, abstractor can enter 99/99/9999** Warning if > 5 years prior to stdybeg, and hard edit < = stdyend	**The intent of the question is to capture the date of the test, not the date of documentation in the record.** Enter a date that is as specific as possible. If only the year is available, use 01/01/yyyy. Information may have to be extrapolated from notes such as "patient's EF three years ago was 45," etc. **If the patient's LVSF is documented but the date of the test cannot be found, enter 99/99/9999 default date.**
10	lvefind	Is the most recent left ventricular systolic function documented either as an ejection fraction (EF) less than 40% or narrative description consistent with moderate or severe systolic dysfunction (LVSD)?	1, 2, 95 If lvfdoc2 = 2, will be auto-filled as 95 If lvfdoc2 = 1, 95	**LVSD: impairment of LV performance. EF is an index of LVSF. Use the most recent description of EF/LVSF/LVSD found. EF < 40% select "1"; EF >= 40% select "2".** **Guidelines for prioritizing EF/LVSF/LVSD documentation:**

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
		1. yes 2. no 95. not applicable	cannot be entered **If 1, go to lvsfdoc in CHF Module** **If 1, auto-fill testdt as same in CHF module**	1. **LVSF assessment test report findings take precedence over findings documented in other sources (e.g. progress notes)** 2. **Final report findings take priority over preliminary findings. Assume findings are final unless labeled as preliminary.** 3. **Conclusion (impression, interpretation, or final diagnosis) section of the report takes priority over other sections.** **Priority order for conflicting documentation when there are 2 or more different descriptions of EF/LVSF:** 1. Use the lowest calculated EF (e.g. 30%) 2. Use lowest estimated EF. Estimated EFs often use descriptors such as "about," "approximate," or "appears." (e.g. EF appears to be 35%). Estimated EF may be documented as a range (use mid-point) or less than or greater than a given number. 3. Use worst narrative description WITH severity specified (e.g., LVD/LVSD described as marked, moderate, moderate-severe, severe, significant, substantial, or very severe; EF described as low, poor, or very low) 4. Use narrative description WITHOUT severity specified (e.g., biventricular dysfunction, LVD, LVSD, systolic dysfunction, left ventricular systolic failure, LVF/LVSF/EF) described as abnormal, compromised, decreased, reduced. 5. Disregard the following terminology when reviewing the record for documentation of LVSF/LVSD. If documented, continue reviewing for LVSF/LVSD inclusions outlined in the Inclusion lists, o Diastolic dysfunction, failure, function, or impairment o Ventricular dysfunction not described as left ventricular or systolic o Ventricular failure not described as left ventricular or systolic o Ventricular function not described as left ventricular or systolic E.g., Impression section of echo report states only "diastolic dysfunction". Findings section states "EF 35%". Disregard "diastolic dysfunction" in the Impression section and answer "Yes" due to EF 35%. **Include:**

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
				• Any terms (biventricular dysfunction; LVD/LVSD/systolic dysfunction; diffuse, generalized or global hypokinesis; LV akinesis/ hypokinesis/dyskinesis; LV systolic failure) described as marked, moderate, moderate-severe, severe, significant, substantial, or very severe; **OR** where severity is **NOT** specified • biventricular heart failure described as moderate or severe • end stage cardiomyopathy **Exclude:** 1. left ventricular dysfunction (LVD, LVSD, or any of the above terms) described as mild to moderate 2. diastolic dysfunction, failure, function, or impairment 3. ventricular dysfunction, failure, or function NOT described as **left** ventricular 4. any terms (see above) described using one of the following: • **negative qualifiers:** cannot exclude, cannot rule out, could be, may have, may have had, may indicate, possible, suggestive of, suspect, or suspicious, OR • **negative modifiers:** borderline, insignificant, scant, slight, sub-clinical, subtle, trace, or trivial Computer will auto-fill 95 if LVFDOC2 = 2.